

Complaints Policy

September 2021

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1 Purpose



This policy document outlines:

- How you can make a complaint about CareSuper's products and services
- How to access additional assistance to lodge a complaint
- Key steps for dealing with complaints, including acknowledgement, assessment and investigation, and provision of an internal dispute resolution (IDR) response
- Our response timeframes, and
- Details on how to reach the Australian Financial Complaints Authority (AFCA) where a complaint isn't resolved.

2 How you can lodge a complaint

You can make a complaint in the way that's most straightforward for you.



In person

If you're meeting with a CareSuper staff member (including one of our Financial Planners) you can provide them with the details of your complaint. They'll register your complaint with our Complaints team.



By phone

You can call us on **1300 360 149** between 8am and 8pm AEST and speak to one of our Helpline Consultants.

If you're outside Australia, you can call us on **+61 (3) 9192 4416**.



Via the website

Submit your complaint via our contact page at caresuper.com.au/getintouch.



By email

You can email us at admin@caresuper.com.au with the details of your complaint.



Via social media

Send us a message via Facebook, Twitter or Instagram.



By letter

You can send your complaint to:

CareSuper
Enquiries & Complaints Manager
Locked Bag 20019
Melbourne VIC 3001

There's no cost to making complaints with us.

3 Who can make a complaint



Here's who can make a complaint:

- A current or former member of CareSuper
- An employer making contributions to CareSuper
- A beneficiary of a deceased member of CareSuper
- An executor or administrator appointed to manage the estate of a deceased member of CareSuper
- People with, or who claim to have, an interest in a death benefit of a deceased member of CareSuper
- Certain parties to a Family Law Agreement or order affecting a member's super with CareSuper
- A person who has been appointed to act on behalf of a person listed above, such as a lawyer or someone holding your Power of Attorney, your Adviser (or third party authority), or family member/friend.

If you're not satisfied with the service CareSuper has provided, or you don't agree with a decision we've made, let us know. We'd like to try to resolve it.

We're committed to treating all complainants with respect and will be as helpful as we can throughout the complaints process. In return, we require any complainant engaging with our representatives does so in a respectful manner. If that's not the case, we might pause engaging with you.

4 Complaint timeframes

OUR STANDARD COMPLAINTS PROCESS

We'll attempt to resolve your complaint as quickly as possible. We'll acknowledge your complaint within 1 business day of receiving it and contact you within 5 business days to help resolve your issue.

If your complaint is complex and we can't resolve it in the first 5 days, our investigation may take longer. While we're required to resolve all complaints within a maximum of 45 days, we generally aim to resolve matters for complainants within 28 business days.

As long as you have an open complaint with us, we'll provide you with regular updates to keep you informed about how your complaint is progressing.

Our standard complaints process



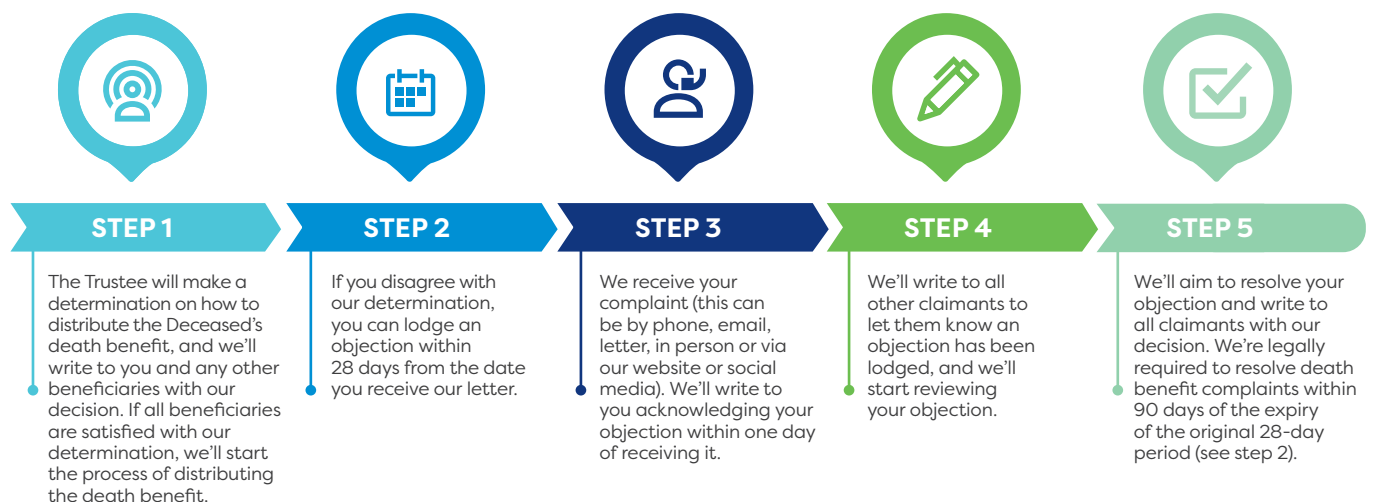
GENERAL COMPLAINTS

We'll investigate and respond to your complaint as soon as possible, and in most cases within 28 days. Where a complaint investigation is particularly complex, it may take 45 days or more to respond in full.

DEATH BENEFIT DISTRIBUTION COMPLAINT TIMEFRAMES

We're required to respond to complaints about the distribution of death benefits within a maximum of 90 days after the 28-day period for objections has expired.

Death benefit distribution complaint timeframes



PRIVACY COMPLAINTS

We're required to respond to complaints about privacy breaches within a maximum of 30 days from the date we received the complaint.

MAXIMUM COMPLAINT RESPONSE TIMEFRAMES

The maximum timeframe for responding to your complaint is typically 45 days. For privacy complaints the maximum timeframe is 30 days, and complaints about death claims the maximum timeframe is 90 days.

There may be times we're unable to respond to your complaint within the maximum timeframe. This may be due to a complaint being particularly complex to investigate or resolve, or where circumstances beyond our control cause delays, for example:

Complex complaints	<p>When a complaint is about a transaction or event that occurred more than 6 years ago and requires reconstruction of account information, or</p> <p>When a complaint is about a superannuation death benefit distribution, involving multiple submissions from potential beneficiaries with competing information about the status of the relationships, or levels of financial dependence.</p>
Circumstances beyond our control	<p>If we're waiting on the outcome of a medical appointment we reasonably require you to attend</p> <p>If you're unable to respond to CareSuper due to illness or absence, or other extenuating circumstances, or</p> <p>Where information must be obtained from third parties to a complaint (excluding an authorised representative who's party to the complaint), or</p> <p>If a death benefit decision-maker is awaiting information requested from potential beneficiaries of a death benefit to substantiate their claim.</p>

If this happens, we'll notify you, explain the delay and keep you informed about how your complaint is progressing. If it's unlikely we'll be able to resolve a complaint within the maximum timeframe, we'll let you know. We'll keep you informed about how we're planning to resolve the matter.

IF YOU'RE NOT SATISFIED

If you're not satisfied with our service, or if you don't agree with a decision we've made, let us know. We'd like to try to resolve it.

If you're not happy with how we're handling your complaint, or we can't resolve your complaint within 45 days (or within 90 days for complaints relating to death benefit objections), you're entitled to escalate your complaint with AFCA.

With your written consent, CareSuper may also refer a complaint to AFCA on your behalf.

If we don't respond to a privacy complaint within 30 days or if you're not happy with how we resolve or handle a privacy complaint, you're entitled to refer your complaint to the Office of the Australian Information Commissioner at oaic.gov.au.



5 What happens when you make a complaint



We take complaints seriously and all feedback provides us with an important opportunity to improve.

We'll investigate your complaint thoroughly and fairly, addressing the issues you've raised. We'll usually respond in writing, and in some cases verbally.

We may ask you to provide more information to complete our investigation, so we fully understand your experience of the events that took place.

If your complaint is straightforward and we resolve it within 5 business days, we won't always send you a written response unless you ask us to, or unless we're required to. We've explained more about this in section 4.

ASSESSING AND INVESTIGATING YOUR COMPLAINT

When we investigate your complaint, we'll make every reasonable effort to source all the relevant documentation connected to your complaint. We speak with relevant staff members who can provide details about the circumstances giving rise to your complaint, and we review relevant disclosure documentation as well as any relevant legislation.

After we've completed this process, we may call you then write to you setting out details of our investigation and the outcome we've reached about your complaint.

If we're unable to provide the outcome you're seeking, we'll summarise:

- The issues raised in your complaint
- Our findings, and
- Supporting information and the reasons for the outcome we reached.

FAIR HANDLING OF COMPLAINTS

We'll review and make decisions about your complaint as fairly, reasonably and objectively as possible.

You'll have the opportunity to support your complaint with more information (as appropriate).

We'll also make sure the staff members who handle your complaint aren't the same staff who were involved in the initial interaction which led to your complaint.

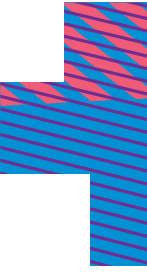
We process all complaints in line with the government's requirements and standards as set out in the ASIC's *Regulatory Guide 271 Internal dispute resolution* (RG 271)

We'll also provide you with any information you have requested, subject to privacy laws.

If you're not satisfied with our response to your complaint, you may take your complaint further by contacting the Australian Financial Complaints Authority (AFCA).

Although you can refer the matter to AFCA at any time, AFCA won't usually deal with your complaint until it has been through our internal complaints handling process.

- » During the resolution process we'll ensure your privacy is protected and details about your complaint will only be shared with those who need to receive this information.



PROVIDING YOU WITH A WRITTEN RESPONSE

We'll provide you with a written response to your complaint, even where the complaint is closed by the end of the 5th business day, if:

- You request it, or
- Your complaint is about:
 - Financial hardship
 - A declined insurance claim
 - The value of an insurance claim, or
 - A decision of the Trustee.

When we respond to you with a written response, we'll include:

- A summary of the issues and action/s to date
- The outcome of your complaint
- If the outcome isn't what you were seeking, reasons for our decision together with our findings and the information supporting our findings
- What to do if you're not satisfied with our response, and
- How you can contact AFCA.

POSSIBLE REMEDIES

We'll consider a broad range of possible remedies when we're reviewing your complaint.

This can include:

- An explanation
- An apology
- Provision of assistance/support
- A refund of fees/charges
- A goodwill payment
- A waiver of debt
- Correction of our records, or
- An undertaking to set in place improvements to our systems, procedures and products.

RESOLVING YOUR COMPLAINT

We'll consider your complaint resolved when you confirm (verbally or in writing) you're satisfied with the action/s we've taken (or agreed to take) and you don't wish to take the matter further, or in other circumstances where it's reasonable for us to form the view the complaint has been resolved to your satisfaction.

If the only reasonable action we can take to resolve your complaint is an explanation or an apology, we'll send you our response and consider the complaint resolved. An example of this can be if we make a commercial decision not to accept an insurance application, or if we've provided you with an explanation of our fee structure.

We'll consider your complaint resolved once we've finalised our investigation and issued our complaint response to you. However, if you request further information regarding our decision or AFCA later informs us that it has received a complaint from you, we'll re-open your complaint.

Complaints about death benefits

When a CareSuper member dies, a death benefit becomes payable to the member's dependants, legal personal representative or, if there are no dependants or legal personal representative, to any individual permitted under superannuation law and our Trust Deed.

DEATH BENEFIT COMPLAINTS

We'll write to each potential beneficiary, setting out how we're proposing to pay the death benefit and outlining the reasons for the Trustee's decision. Any objection to our decision must be made within 28 days of receiving the letter.

When we receive an objection (complaint) regarding a decision about a death benefit, we'll acknowledge the objection and write to all parties to advise them of the objection. We may ask parties to provide any information that may assist us in making a final decision.

CareSuper has 90 days from the expiry of the 28-day period to respond to the objection. If we maintain our original decision as the final decision, the objecting party/parties can complain to AFCA within 28 days of receiving notice of our final decision. If CareSuper changes its decision, we'll send new letters to the parties about our proposed varied decision to begin the process again.

If no decision is made within 90 days of the objection (complaint), we'll notify you of the delay and why.

Complaints about insurance

If you have insurance cover through CareSuper you may make a claim if you become disabled according to the insurance policy. Our Insurer will consider your claim and decide whether to accept it. CareSuper will review the Insurer's decision and, if we agree with it, we'll inform you of the outcome.

DECLINED INSURANCE CLAIMS

If you're dissatisfied with a decision to decline your insurance claim you can ask for a review of the decision. It can be helpful to provide further information to support your claim e.g. medical evidence.

Once CareSuper receives your request we'll send a letter to you to acknowledge we've received your request, and will send your request to the Insurer. Once the Insurer has reviewed your request, it may ask for further medical evidence or other information to help make a decision. When they have decided to either accept your claim or maintain their decision to decline your claim, CareSuper will again review the decision to ensure it's fair and reasonable. CareSuper will write to you advising the outcome. If you're still not satisfied with the decision you can lodge a complaint to AFCA. There may be time limits, as set out below.

VULNERABLE CUSTOMERS

CareSuper has a **Vulnerable Customer Policy** which outlines how we provide additional support to our vulnerable customers.

Customers may be vulnerable due to race, culture, age, gender identity, disability, financial distress, family violence, low literacy, mental health or due to a catastrophic event or isolation.

IF YOU NEED ASSISTANCE RAISING A COMPLAINT

We recognise you may need assistance and support with your complaint, so if we can make it easier for you to voice your concerns – let us know.

We can provide information to you:

- In various formats including large print
- In a range of languages
- Via a 3-way conference call with an interpreter or translator to make sure your questions are answered, and
- Via the National Relay Service for the deaf and hard of hearing people.

URGENT COMPLAINTS

We can give priority to urgent complaints. Matters that may take priority include where:

- You're experiencing domestic abuse, including financial abuse
- You have a serious or terminal illness, or
- Any delays in addressing the complaint could adversely affect your basic living conditions.

» Let us know if you meet any of the above so we can work with you to prioritise your concerns.

6 Escalating a complaint



You may be able to escalate your complaint to the Australian Financial Complaints Authority (AFCA). AFCA provides a fair and independent financial services complaint resolution that's free to complainants. They may be able to help resolve your complaint.

Contacting AFCA

Call **1800 931 678**

Email **info@afca.org.au**

Visit **afca.org.au**

Write to Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001



HOW AFCA MANAGES YOUR COMPLAINT

AFCA aims to resolve complaints by working towards a mutual agreement between the complainant and CareSuper. If an agreement can't be made, AFCA will review your complaint and issue us with a binding determination. There may be some circumstances where the Trustee can appeal a determination in court.

AFCA COMPLAINT TIME LIMITS

There are specific time limits set by the government for making complaints about disability benefits, death benefits and contribution statements provided to the Australian Taxation Office (ATO) as outlined below. Making your complaint within the time limits ensures you have access to the AFCA complaints resolution service. Parties can usually lodge a complaint within 2 years of receiving a final response from us about your complaint, but AFCA may not accept your complaint if it relates to the following subjects where there are strict time limits.

DISABILITY BENEFITS TIME LIMITS

If you become ill or injured where you can no longer work and have lodged a total and permanent disability (TPD) claim you must:

- a. Have lodged your TPD claim within 2 years of permanently ending your employment because of the medical condition, and
- b. Lodge a complaint to AFCA within 4 years of the Trustee's original decision.

If your employment did not permanently end due to a medical condition you must:

- a. Lodge your complaint to AFCA within 6 years of the Trustee's original decision.

CONTRIBUTION STATEMENTS

For complaints regarding contribution statements we've provided to the ATO, a time limit of 12 months applies from when you received our written notice (e.g. your annual benefit statement).

DEATH BENEFITS

To make a complaint about the payment of a death benefit, you must:

- Have an interest in the benefit (i.e. be a potential beneficiary)
- Have made an objection (complaint) to CareSuper about our payment of the benefit within 28 days of receiving notice of our decision, or
- Have made a complaint to AFCA within 28 days of receiving notice of our final decision.

HOW TO MAKE A COMPLAINT ABOUT PRIVACY

We take your privacy seriously.

If you have any concerns about privacy or believe your rights have been breached and want to lodge a formal complaint, you can contact us directly. We'll investigate and provide you with a response within 30 days.

If you're not satisfied with our response or you don't receive a response within 30 days, you can refer your complaint to the OAIC.

Contacting the OAIC

Call **1300 363 992**

Email **enquiries@oaic.gov.au**

Web **oaic.gov.au**

Write to Office of the Australian Information Commissioner, GPO Box 5218, Sydney NSW 2001



The complaint processes and procedures are part of the CareSuper rules and will be amended from time to time, as considered necessary.



1300 360 149



caresuper.com.au/getintouch



CareSuper Locked Bag 20019 Melbourne VIC 3001

CARE Super Pty Ltd (Trustee) ABN 91 006 670 060 AFSL 235226

CARE Super (Fund) ABN 98 172 275 725

Disclaimer: The information provided in this document is general advice only and has been prepared without taking into account your particular financial needs, circumstances or objectives. You should consider your own investment objectives, financial situation and needs and read the appropriate product disclosure statement before making an investment decision. You may also wish to consult a licensed financial adviser. Past performance is not a reliable indicator of future performance and you should consider other factors before choosing a fund or changing your investments.