

Super Savings Insurance Claims guide - Income Protection

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This *Claims guide* provides information about making an insurance claim.

For specific information about insurance cover, including eligibility and the terms and conditions that apply, you should refer to the applicable *Insurance guide* (*Super Savings*, *Super Savings - Business* or *Super Savings - Corporate*). Contact us if you're not sure which would apply in your situation.

General advice disclaimer

This document contains general information only and doesn't take into account your personal objectives, financial situation or needs. You should consider the appropriateness of the information in this document with regard to your objectives, situation and needs. You should consider the *Product Disclosure Statement* before making a decision. Visit australianretirementtrust.com.au/pds, your employer's *Super Savings - Business* or *Corporate* microsite, or contact us for a copy.

Protecting your privacy

Australian Retirement Trust respects the privacy of the information you give us. Our Privacy Policy describes how your personal information may be collected, held, used and disclosed by Australian Retirement Trust. It is available at australianretirementtrust.com.au/privacy or by contacting us.

1. Income Protection claim

We understand that being unable to work can be a difficult and uncertain time for you. We will strive to ensure that your claim is processed in a timely manner so you can receive a decision as quickly as possible.

What is an Income Protection claim?

An Income Protection claim is a request for a monthly benefit payment where you become unable to work due to illness or injury.

Do I need a lawyer?

Our claims process has been designed to make it as easy as possible. So that in most cases, you or your family should not require the assistance of a lawyer when making a claim. If you are thinking about seeking legal help, we recommend that you first determine the costs involved in doing so and how they will impact your benefit payout. We recommend that you contact us before seeking help from a lawyer.

How is Income Protection defined?

The Total Disability definition applicable to Income Protection cover will depend on the insurance policy that applies to you. Refer to the relevant *Insurance guide* for details.

Income Protection insurance is paid as a monthly benefit, with the first monthly payment paid in arrears one month after the end of your Waiting Period. Subsequent payments are made monthly.

What is the claims process?

The claims process typically has six key steps:

1. Contact us – The sooner you contact us the sooner we can assist you.

2. Eligibility check – We will ask you to provide us with some information relating to your claim. This will allow us to provide you with the correct claim pack. We will email the claims pack to you by the next business day or, if you require hard copy forms, we will send these within 5 business days.

If we assess that you are not eligible to make a claim, we will explain this in writing and give you the opportunity to provide more information so that we can review your eligibility.

3. Claims pack – Australian Retirement Trust Claims packs are tailored to the condition or event you may be claiming. It is important you provide us with as much information as possible and submit your claim as soon as you can to enable us to commence your claim.

4. Claim assessment – Once Australian Retirement Trust has received all your required claim information, our insurer will commence their assessment process. Our promise to you is that we will provide you with regular updates throughout your claim.

5. Trustee review – The Trustee of Australian Retirement Trust is committed to ensuring that the assessment you receive from the Insurer is fair and transparent, and that all final claim decisions are fair and reasonable. We have a dedicated team who review your claim, and will request any clarification or challenge decisions on your behalf, or in some cases, seek further information from you to support your claim.

6. Confirmation – We will contact you with the outcome of your claim.

Need some financial advice?

When you make a claim, or receive an insurance benefit, not only is it likely to be a difficult time, but it can be hard to know what your next step is. You may need help with a tailored financial plan or help in moving into a new or different phase of your financial life after a major event and/or insurance payout. You don't need to panic and you don't need to be rushed into a course of action.

Speak to your adviser to get the advice you need. If you don't have your own personal financial adviser and you need advice about your *Super Savings account*, Australian Retirement Trust also has qualified financial advisers¹ who can help you over the phone with simple advice about your *Super Savings account*. This service is included in your membership fee. If the advice you need is more complex or comprehensive in nature, we may refer you to an accredited external financial adviser². Advice of this nature may incur a fee.

¹ Australian Retirement Trust employees provide advice as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818 AFSL No. 227867) (SFS), wholly owned by Australian Retirement Trust.

² Australian Retirement Trust has established a panel of accredited external financial advisers who are not employees of Australian Retirement Trust. Australian Retirement Trust is not responsible for the advice provided by these advisers and does not receive or pay any referral fees. These advisers will explain to you how their advice fees are determined.

2. How do I make an Income Protection claim?

If you believe you may be eligible to claim an Income Protection benefit, we are here to help you throughout the claims process. There are three major steps that you need to complete in order to submit an Income Protection claim and they are explained in detail on the following pages.

1. Contact us on 13 11 84 - We're here to help at no cost to you

At your earliest convenience contact us, via Member Online or by calling 13 11 84.

Easy online service

Australian Retirement Trust has recently introduced an online **Claims Eligibility Tool** that allows you to contact us at your earliest convenience 24 hours a day, 7 days a week.

The online **Claims Eligibility Tool** allows you to notify Australian Retirement Trust of your need to claim, provides you with information on your type of cover and any claim requirements, and allows you (if eligible) to lodge your claim electronically via **eClaims**.

Contact us on 13 11 84

Our experienced Claims Representative will guide you through the process of an Income Protection claim.

The Claims Representative will:

- confirm the details of your *Super Savings* membership, including member number, and date of birth and provide you with details of your current account balance and insurance cover.
- request from you the details of your injury or illness, the date on which your injury first occurred or your illness first presented itself, the detail and date of your diagnosis, details regarding your work status, the date you last worked and the amount of hours you worked per week leading up to your injury or illness.
- explain to you the documents and information you need to provide for the claim to be assessed, and
- provide any claim forms (known as a 'claims pack') you need to complete, or if eligible a link to **eClaims** to lodge your claim online.

2. The necessary information explained

What you will need to provide for your Income Protection claim

Completing your claim application forms is an important step in your claim process. The details and evidence you provide will form the basis upon which the Insurer makes their decision. Providing us with all the information we require and completing your forms correctly will speed up your claims process. If information is missing or incomplete, we will need to contact you to ask for it, which will delay your claim.

Certified proof of your identity

You must provide certified proof of your identity (for example, a certified copy of your driver's licence or passport).

Why? For security purposes we need to be sure of the identity of the individual who is submitting the claim. Understandably, you won't want to send us your original documents, so we ask that you have a copy certified by an authorised person.

Tip: See the Proof of Identity Requirements section in this *guide* for information on what forms of ID are suitable and how to have a copy certified.

3. Complete and return your Income Protection claim documents

The claims pack we send you contains important information about what you need to do, and what we need from you. Please take some time to carefully read this information and gather all the information and documents required. You will need to answer several questions and provide us with additional information. Completing the claim form is an important step in this process: the details and evidence you provide will form the basis upon which the Insurer makes their decision in regards to your claim.

We recognise that this may be a daunting task and our Claims Representatives are here to help you every step of the way.

Australian Retirement Trust has introduced an online claims tool that allows claims to be lodged electronically. The **eClaims** tool lets members lodge and monitor their claims online. It also provides third parties (i.e. employers and doctors) with the capability to complete and submit claim information directly online for the insurer to assess. It's designed to help simplify the process and reduce the time taken to finalise the claim.

Please call us as soon as you are able to on **13 11 84**, if you would like help making a claim or have any questions.

3. Australian Retirement Trust claims philosophy

We adopt a professional, compassionate and respectful approach to claims management by actively keeping customers at the heart of everything we do.

Each claim is unique and we are sensitive to our customers' needs at a difficult time - be it due to an illness or injury, or due to the loss of a loved one. As our member's advocates, we will do everything that is fair and reasonable at a time when you need it most.

We are committed to being easy to deal with and providing exceptional levels of service to all of our customers.

We seek to be industry leading and innovative in our approach to claims management whilst ensuring we are fair and reasonable to all stakeholders.

The role of the Insurer

The insurer will use the information you, your employer and your treating doctor provide when making its assessment.

The insurer may also:

- ask for additional reports from your doctor/s,
- ask you to provide more information,
- ask your employer for more information, and/or
- make an appointment for you to have a medical examination with an independent specialist/s

The insurer will pay for any additional medical reports they request and any examinations they arrange for you to attend.

The role of the Trustee of Australian Retirement Trust

The Trustee of Australian Retirement Trust has a duty to act in the best interests of the fund's members and is bound by the covenants in the Superannuation Industry (Superannuation) Act 1993.

We will be responsible for overseeing the conduct of the insurer and any Service Provider we engage in the claims process. We will proactively engage with other parties in the claims process, such as any representative that you engage, to minimise delays and remove unnecessary duplication from the process.

All claim decisions by the Insurer are referred to the Trustee of Australian Retirement Trust for review and consideration. If the Australian Retirement Trust Trustee requires extra information or does not agree with the Insurer's decision, the claim will be sent back to the Insurer for reconsideration. Your Claims Representative will contact you to advise you of the next steps.

4. What does the Income Protection 'claims pack' contain?

The claims pack includes a number of forms you will need to complete when making an Income Protection claim. Please do not hesitate to contact us if you have any questions about these forms, as we want to ensure your claim is progressed as quickly as possible.

1. **Member Statement form**

What is this form for? This form is to be completed by you. It includes your contact information, employment details and basic details about your injury or illness.

It will ask specific details about the work you performed leading up to your injury or illness, how your injury or illness has affected your ability to work, whether you've had a similar condition before and whether you intend to claim other benefits.

Tip: You must provide us with several pieces of information and these tips will help you to find them.

- The 'Trading name of last employer' will be detailed on your payslip or your Payment Summary (group certificate)—the Trading name of your last employer may not be the name you know your employer as, so please check this carefully.
- 'Fund of choice' means the fund your employer was paying into at the time of your injury or illness.

If you are unsure about the dates and hours you worked, we recommend that you contact the Human Resources department of your (previous) employer or refer back to your previous payslips.

2. **Treating Doctor's Report form**

What is this form for? This form is to be completed by the doctor who treated you at the time of your diagnosis. Their statement will describe the nature and extent of your disability and provide evidence for it (such as medical records, test results etc.).

Tip: We recommend that you phone your doctor and let them know that you are in the process of making an Income Protection claim. You may be required to make an appointment with your doctor to have them complete this statement. Please note that you will be responsible for the costs of this appointment and any other costs involved in obtaining this statement.

3. **Employer Statement form**

What is this form for? This form is to be completed by the employer with whom you were employed at the time of your injury or illness. Your employer will be required to detail the scope of your position and outline the types of duties you performed in your role.

Tip: We recommend that you contact the Human Resources department or your direct manager from your employer as this form must be completed by an authorised person who worked closely with you.

4. **Centrelink Authority to Release Personal Information form**

What is this form for? If you receive Centrelink benefits, you will be required to complete this form to give authority to Australian Retirement Trust and its insurer to obtain information about your benefits. This form allows the Insurer to access any information or medical reports held by Centrelink which may help with the assessment of your claim.

Please note: This form is not required in every instance and will only be included where necessary.

5. **Authority to release personal Medicare and Pharmaceutical Benefits Scheme (PBS) claims information form**

What are these forms for? These forms provide authority for release of information from both Medicare and the Pharmaceutical Benefits Scheme (PBS) directly to the Insurer to assist them with the assessment of your claim.

Please note: These forms are not required in every instance and will only be included where necessary.

6. **Tax File Number declaration form**

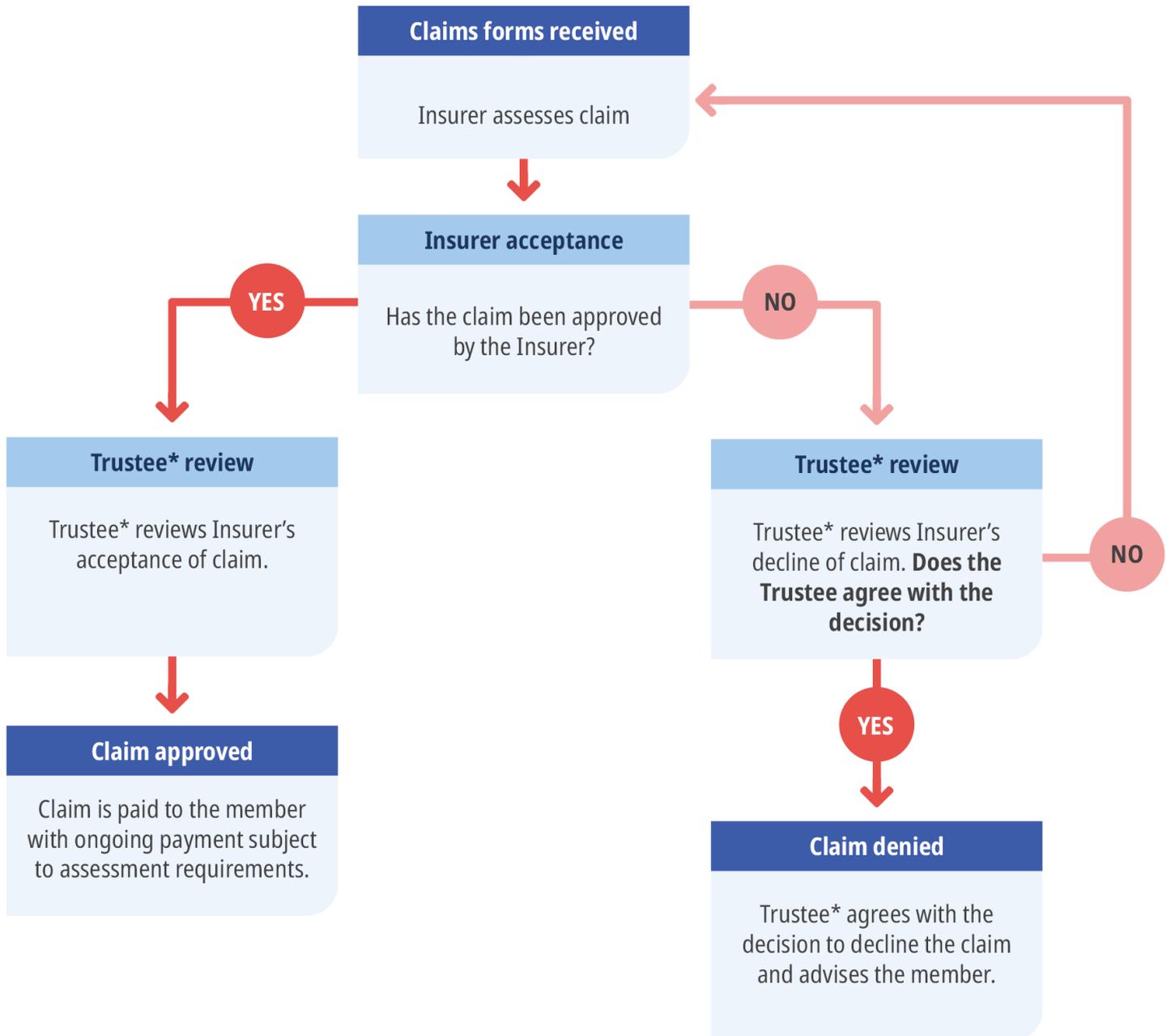
What is this form for? We are required to advise the Australian Taxation Office that we are making income payments to you in lieu of your salary.

7. **Bank Account Nomination details**

What is this for? This information is to determine how you would like to receive your money should your claim be successful.

Tip: Providing this information to us at the outset will ensure that you can receive your payment without delay if your claim is approved.

5. The Income Protection claim assessment process



*Trustee of Australian Retirement Trust

Claim forms are received

When we receive your claim forms, within 5 business days we will acknowledge receipt of your claim and, your Claims Representative will review your application to make sure we have everything we need. If there is anything missing, we will ask you for any further information we require. Once we have received all the information we need for this initial stage, we will begin the assessment of your claim. Throughout the claims process, your Claims Representative will keep you updated on its progress.

If you have a query about your claim while it is being assessed, we will respond with an acknowledgment by the next business day and with a full response within 10 business days. You will receive progress updates at least every 20 business days (unless a different timetable is agreed with you). If there are any issues delaying assessment of your claim, we will let you know what these are.

Insurer assesses claim

The Insurer will use the information you, your employer and your treating doctor have provided when making their assessment.

The Insurer may also:

- ask for additional reports from your doctor/s,
- ask you to provide more information,
- ask your employer for more information, and/or
- make an appointment for you to have a medical examination with an independent specialist/s.

The Insurer will pay for any additional medical reports they request and any examinations they arrange for you to attend.

We will oversee the progress of the claim to minimise delays and intervene if we become aware that the insurer is not complying with the timeframes provided in the Financial Services Council Insurer Code. If the insurer tells us that it cannot make a decision in the required timeframes because necessary information has not been provided, we will tell you the revised timeframes. If we become aware of any errors or mistakes in the claim or in the information requested, these will be addressed promptly. We may request more information to correct errors or mistakes.

Claim is accepted by Insurer

If your claim is accepted by the Insurer, a Claims Representative will:

- contact you to advise that your claim has been approved,
- arrange for payment directly to your bank account, and
- send you a payment confirmation letter.

Claim outcome and ongoing payment

If your claim is accepted and you remain unable to work, each month you will be asked to fill in a Progress Claim Form and arrange for your treating doctor to complete a Medical Attendant's Statement form, so that the Insurer can consider further payments. A Claims Representative will send these forms to you after each payment and you must return them at least 10 working days before your next payment is due. Unless further medical evidence is required, the prompt return of these forms will ensure you receive your next payment on time. Please note you are required to meet the cost for completion of these forms.

Benefit payments will generally continue until

- you no longer satisfy the relevant definition, e.g. 'Total Disability', 'Limited Total Disability' or 'Partial Disability',
- you reach the end of the benefit payment period or you turn 65 (whichever is earlier),
- you are employed under the terms of a work visa and the term of the work visa expires, or you permanently depart Australia (whichever occurs earlier),
- you reside overseas and have received 12 months of payments, or
- you die.

Claim is declined by Insurer

If your claim is declined by the Insurer, this generally means that the Insurer doesn't regard you as 'Totally Disabled' or 'Partially Disabled' or if you do not meet the eligibility conditions according to the policy definition.

The Trustee of Australian Retirement Trust reviews Insurer's decline of claim

All claims declined by the Insurer are referred to the Trustee of Australian Retirement Trust for assessment and consideration. We will carry out a review within 15 business days. If the Trustee of Australian Retirement Trust disagrees with the decision of the Insurer and believes that your claim should be approved, your claim will be referred back to the Insurer for their reconsideration, within 5 business days of completing our review. A Claims Representative will contact you to advise you of the next steps. If the Trustee of Australian Retirement Trust agrees with the Insurer's decision to decline the claim, a Claims Representative will contact you to advise you of this outcome, within 5 business days of completion of our review. If you disagree with this decision you can lodge a complaint with Australian Retirement Trust.

6. Complaints

If you are unhappy with our service or super fund, we offer a complaints resolution process at no additional cost to you.

Contact us to discuss your complaint:

Customer Service Team: **13 11 84**

Australian Retirement Trust Customer Relations

GPO BOX 2924

Brisbane QLD 4001

australianretirementtrust.com.au/contact-us

We will do everything we can to resolve the issue as quickly as possible. If you are not happy with our response, you can contact the Australian Financial Complaints Authority (AFCA).

This is an independent body set up by the Federal Government to help resolve disputes between financial institutions and their customers.

You can choose to take your complaint directly to AFCA. In some circumstances, AFCA may refer your complaint back to Australian Retirement Trust.

AFCA's contact details are as follows:

Australian Financial Complaints Authority

GPO Box 3

Melbourne, Vic 3001

Phone: 1800 931 678

Email: info@afca.org.au

Web: **www.afca.org.au**

Access to AFCA is free of charge.

AFCA will advise you if they can deal with your complaint, and if so, what information you need to supply. It is possible that AFCA cannot deal with your matter.

For up-to-date information on the complaints resolution process, refer to **australianretirementtrust.com.au/complaint**

7. Frequently asked questions about Income Protection claims

Do I have Income Protection insurance?

Not all *Super Savings* members have Income Protection insurance. To check your level of cover, login to **Member Online**, review your *Annual statement* or contact us.

Is there a Waiting Period?

In most cases, you will need to have been continuously unable to work due to injury or illness for a period of time: 30, 60, 90 or 180 days depending on your type of cover. The Waiting Period will begin from the date you are Totally Disabled and unable to work as certified by a Medical Practitioner.

Do I have to re-start a Waiting Period if I return to work?

Generally, you may be able to return to work during the Waiting Period, but it is important to contact us to check this applies to you. If your Waiting Period is 30 days, you may be able to work for up to five days without having to start the Waiting Period again. If your Waiting Period is 60, 90 or 180 days, you may be able to return to work for up to 10 days during that time without having to re-start the Waiting Period. In these circumstances, if you do return to work, your original Waiting Period may be extended by the number of days you work. If you return to work for longer than the periods specified above, then the Waiting Period may start again.

Are there any exclusions or restrictions?

You will not be eligible to be paid an Income Protection benefit if your injury or illness is caused, wholly or partly, directly or indirectly, from:

- deliberate self-inflicted injury or attempted suicide or self-destruction while sane or insane,
- uncomplicated pregnancy, childbirth or miscarriage,
- your deployment to a hostile environment as part of active military service, where you participate in active service after your cover commences or increases, or
- a criminal act committed by you.

In some circumstances Limited Cover will apply. Please call us on **13 11 84** and select 2 for claim enquiries to see if this applies to you.

What happens if I'm Partially Disabled?

A reduced monthly Income Protection benefit may be payable if you become 'Partially Disabled'.

For full details on any definitions, refer to your *Insurance guide* (*Super Savings*, *Super Savings - Business* or *Super Savings - Corporate*).

How much will I be paid?

It is important to understand that any insurance benefit amount is determined at the date you became disabled; the insurance benefit amounts shown on your *Annual statement* or in *Member Online* may therefore differ to the amount at your disablement date.

The monthly benefit you will be paid will be the lower of:

- the level of cover selected by you less any offsets, and
- 75% of your monthly rate of Pre-Disability Income less any offsets, plus a superannuation contribution where this forms part of your insured Income Protection cover.

When are benefit payments made?

Once your claim has been accepted by the Insurer, your first monthly payment will be paid in arrears one month after the end of the Waiting Period. Subsequent payments are made monthly.

Will I pay tax on the benefit?

Your monthly benefit will usually be paid to you by the insurer, less any PAYG tax payable. You will usually receive a PAYG Payment Summary from the insurer for Income Protection benefits paid to you during the financial year as soon as possible after 30 June for inclusion in your annual tax return.

Will there be offsets to my benefit payment?

Your Income Protection benefit payment may be reduced by the following payments:

- Workers' Compensation or Transport Accident Compensation or similar legislation in relation to your injury or illness,
- any other payments, statutory or otherwise, paid to you for loss of income in relation to your injury or illness,
- any other payments made under any disability income type insurance policy, and/or
- any other lump sum payment which relates to loss of income due to injury or illness (other than a Total & Permanent Disability or Terminal Illness benefit under the relevant policy).

Your Income Protection benefit payment may also be reduced by any sick leave from your employer, however you are generally not required to use all your sick leave before receiving an Income Protection benefit.

What happens if I have a recurring injury or illness?

Following a claim, if you make a further claim arising from the same or related cause as the first claim, the further claim will be:

- treated as a separate claim if it occurred after you returned to work for at least six continuous months, or
- deemed to be a continuation of the original claim if made within six months from the end of payments from the earlier claim. A further Waiting Period will not apply in this case, however the relevant Benefit Period will be adjusted to take into account prior benefits paid under the relevant policy for the original claim.

8. Occupational rehabilitation in super – ‘Work is good medicine’

Returning to work can restore more than your income: it helps to restore your identity and self-esteem.

At Australian Retirement Trust, we work with our Insurers to offer you access to one of the largest and most experienced rehabilitation teams. This means that if you have suffered an injury, disability or health condition, we can arrange work-related rehabilitation to assist in your return to meaningful work.

Together with our Insurers, we work in partnership with you, your treating health professionals and employer to help you return to suitable work as part of your recovery plan. If you are unemployed, we can help you improve your readiness for work and/or locate suitable employment.

Occupational rehabilitation services may include:

- initial meetings with a rehabilitation provider to identify your return to work needs,
- workplace visits to identify solutions for your return to work plan,
- equipment to ensure you maintain your job,
- career guidance to explore alternative work options if you can't work in your usual role, and/or
- improving your skills and capabilities so that your return to work is sustainable.

Rehabilitation is not appropriate for everyone. If you would like further information about your rehabilitation options please call us on **13 11 84**.

Together we may be able to assist you in getting back to work and back to a fuller life!

9. Proof of identity requirements

Australia's \$2 trillion plus combined superannuation value represents a large and growing temptation for criminals, with identity theft the biggest risk when it comes to safeguarding your money; and no-one is immune.

That's why super funds will ask you to provide certain information and documents about your identity when you request money from an account. We need to be sure that the super belongs to the person making the claim. Getting your identity documents together to access this money may seem like an unnecessary hassle, but we can assure you it's essential, protecting you is our top priority.

When do you need to prove your identity?

All super funds, including Australian Retirement Trust, will ask you to provide certified identification before paying any money out. If you cannot provide us with one of the primary identification documents outlined on this page, then we may accept two of the documents listed in the table on the following page, one document from each column. It's important to note we cannot accept documents that have expired.

We also reserve the right to request additional information to verify your identity before paying your benefit claim.

What is an acceptable identification document?

Any one of the following documents will be accepted as primary identification:

- a current driver's licence or permit issued under a law of a State or Territory, or equivalent authority of a foreign country, that contains your photo, name, residential address and date of birth (please copy and certify both front and back sections if relevant),
- a current passport issued by the Commonwealth,
- a card issued under a law of a State or Territory for the purpose of proving the person's age which contains your photo, name and date of birth (please copy and certify both front and back sections if relevant), or
- a current passport or a similar document issued for the purpose of international travel or a national identity card issued for the purpose of identification that:
 - (a) contains your photo, name and signature,
 - (b) is issued by a foreign government, the United Nations or an agency of the United Nations, and
 - (c) if written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator.

If you don't have any primary identification, see the following table for acceptable forms of secondary identification.

One document from this column

- A birth certificate or birth extract issued by a State or Territory
- A citizenship certificate issued by the Commonwealth
- A citizenship certificate issued by a foreign government
- A birth certificate issued by a foreign government, the United Nations or an agency of the United Nations
- A pension card issued by the Department of Human Services that entitles you to financial benefits
- A healthcare card issued by the Department of Human Services that entitles you to financial benefits

PLUS

One document from this column

A notice that was issued to you by the Commonwealth, a State or a Territory within the preceding 12 months

- (a) contains your name and your residential address, and
- (b) records the provision of financial benefits to you under a law of the Commonwealth, State or Territory (as the case may be).

A notice that was issued to you by the Australian Taxation Office within the preceding 12 months

- (a) contains your name and your residential address, and
- (b) records a debt payable to or by you to the Commonwealth under Commonwealth law relating to taxation.

A notice that was issued to you by a local government body or utilities provider within the preceding three months

- (a) contains your name and your residential address, and
- (b) records the provision of services by that local government body or utilities provider to your address or to that person.

In relation to a person under the age of 18, a notice that was issued to you by a school principal within the preceding three months

- (a) contains your name and your residential address, and
- (b) records the period of time you attended the school.

Note: If any of the approved documents have been issued by a foreign government and are written in a language that is not understood by the person carrying out the verification, the documents must be accompanied by an English translation prepared by an accredited translator.

What if you've recently changed your name?

If you have changed your name and have not yet advised us, you will need to provide what is called a 'linking document'. A linking document is used to prove a relationship exists between two (or more) names.

Examples of acceptable linking documents are:

- Certificate from the Births, Deaths and Marriages Registration Office or relevant government source from the issuing country (i.e. marriage certificate or change of name)
- Deed poll or decree nisi (divorce certificate)

What do we mean by certified?

We understand you'll want to provide us with copies of your identification documents rather than the originals. That's fine, but you must have them 'certified' as a true copy of the original. This means a person who is authorised to certify documents must sight the original and the copy of the documents to make sure both documents are identical and then 'certify' all copied pages as true copies by writing or stamping 'certified true copy' on them. They must also sign and print their name on the document and record their qualification (e.g. Justice of the Peace) and the date.

Who can certify your identification documents in Australia?

Only certain people are authorised to certify documents in Australia. Approved people include those who are currently authorised to witness a statutory declaration under the Statutory Declarations Regulations 2018 (Commonwealth), Schedule 2, Part 1 and Part 2.

People authorised to certify your documents include:

- Health professional, such as a Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist
- Legal professional, such as a Legal practitioner, Patent attorney, Trade marks attorney
- Teacher (full-time) at a school or tertiary education institution
- Accountant (member of ICA, ASA, IPA or CPA, ATMA, NTAA)
- Veterinary surgeon
- Bank officer, building society officer, credit union officer, finance company officer – employed for five years or more
- Justice of the Peace, Commissioner for Declarations, or Commissioner for Affidavits
- Police officer, sheriff or sheriff's officer
- Notary public
- Those who hold a Court position, such as a Bailiff, Judge, Magistrate, Registrar, or Deputy Registrar, Clerk, Master of a court, CEO of a Commonwealth court
- Government representatives (elected): Federal, State or Territory or Local
- Public servants: Federal, State or Territory or Local – employed for five years or more
- Minister of religion, or marriage celebrant

If you are unable to locate any of the above certifiers, others may be accepted. We recommend you contact us to confirm who else we will accept as a certifier.

What if you live overseas?

If your claim is submitted from outside Australia, we still require certified identification documents before we can pay out your benefit.

The list of acceptable documents is still the same; however, we can only accept certified identification documents that are signed by one of the following:

- Australian consular officer,
- Australian diplomatic officer,
- Police officer of an overseas force,
- Notary public,
- Judge of a Court or magistrate in an overseas jurisdiction,
- International Justice of the Peace (JP),
- Registrar or deputy registrar of a Court, or
- Commissioner of oaths.

The person who is authorised to certify documents must sight the original and the copy to make sure both documents are identical and then 'certify' all copied pages as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (e.g. police officer) and date. We also require evidence of the certifier's status.

Examples of what is acceptable include:

Qualification	Certification required
Police officer	Details of their police badge number
Judge or magistrate	Certificate of their appointment to their position
Justice of the Peace	Justice of the Peace stamp or number

What does a certified identity document look like?

This is what a certified proof of identity document should look like:

1. Copy of the document that identifies you, (i.e. your passport or driver's license – front and back)
2. Write or stamp "certified true copy" of original document
3. Authorised person's stamp and registration number (if applicable)
4. Have the authorised person sign the document
5. Name, qualification, phone number and address of authorised person, and
6. Date of authorisation



