

Super Savings Insurance Claims guide - Total & Permanent Disability Assist

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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 *Super Savings Insurance guide*. For a copy of the *guide*, contact us on **13 11 84**.

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. If you require a copy of our Privacy Policy visit australianretirementtrust.com.au/privacy or contact us.

1. Total & Permanent Disability Assist claim

We understand that being unable to work can be a difficult and uncertain time for you. We will strive to ensure that we provide you with all options available and in the event you need to lodge a claim we aim to have it processed in a timely manner, so you can receive a decision as quickly as possible.

What is a Total & Permanent Disability Assist claim?

A Total & Permanent Disability Assist or Tailored Total & Permanent Disability Assist claim is a request for your *Super Savings account* balance and Total & Permanent Disability Assist insurance cover, where you have become totally and permanently disabled.

If you don't have Total & Permanent Disability Assist or Tailored Total & Permanent Disability Assist insurance with *Super Savings*, you may be able to claim your superannuation balance as a Permanent Incapacity benefit.

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 Total & Permanent Disability Assist defined?

Total & Permanent Disability Assist cover applies for members who have default / automatic cover as defined in the *Super Savings Insurance guide* and become disabled on or after 1 July 2016. Tailored Total & Permanent Disability Assist is also available to members from 1 October 2020.

Total & Permanent Disability Assist generally means that you will be unable to ever work again in any occupation for which you are suited by training, education or experience. The Total & Permanent Disability Assist definition that applies to you, is set out in your *Super Savings Insurance guide*.

For a Total & Permanent Disability Assist claim, where appropriate, occupational rehabilitation and retraining may be available to assist you in regaining the capability to earn a living.

Total & Permanent Disability Assist insurance may provide up to six support payments, subject to annual assessment and you continuing to meet the definition of Total & Permanent Disability Assist. If your Date of Disablement was on or after 1 July 2016 and prior to 1 October 2020 then each payment is equal to one sixth of your maximum cover amount as at your Date of Disablement. If your Date of Disablement occurs on 1 October 2020 or thereafter, the initial support payment is calculated as 25% of your maximum benefit amount at the Date of Disablement and the subsequent support payments (up to a maximum of five payments) are each calculated as 15% of your maximum benefit amount at the Date of Disablement.

In some limited circumstances you may receive a single lump sum payment.

What is the difference between Total & Permanent Disability and Total & Permanent Disability Assist?

If you are approved for a Total & Permanent Disability Assist benefit, you may be paid up to six support payments over a minimum of five years (where you continue to meet the Total & Permanent Disability Assist definition). If your Date of Disablement was on or after 1 July 2016 and prior to 1 October 2020 then each support payment is equal to one sixth of your maximum benefit amount as at your Date of Disablement. If your Date of Disablement occurs on 1 October 2020 or thereafter, the initial support payment is calculated as 25% of your maximum benefit amount at the Date of Disablement and the subsequent support payments (up to a maximum of five payments) are each calculated as 15% of your maximum benefit

amount at the Date of Disablement. In some limited circumstances you may receive a single lump sum payment. Tailored Total & Permanent Disability Assist also became available to members from 1 October 2020. It is generally only available to members who apply and are accepted by the insurer. The cost of Tailored Total & Permanent Disability Assist cover is lower than the cost of the premiums for equivalent Tailored Total & Permanent Disability cover.

Total & Permanent Disability Assist is designed to help minimise the impacts of a severe illness or injury that prevents you from earning a living. This cover provides several unique features to assist you, including no Waiting Period for the most common claim types, access to occupational rehabilitation and retraining in appropriate situations.

Tailored Total & Permanent Disability insurance (and Standard and Additional Total and Permanent Disability insurance, which is available to members of *Super Savings - Business* and *Super Savings - Corporate*) is paid as a lump sum benefit. A Waiting Period would apply to most claims. It is generally only available to members who apply and are accepted by the insurer. Refer to the *Total & Permanent Disability Insurance claims guide* for more information about making a claim for this type of cover.

For further information regarding your insurance cover please contact us.

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. SFS is a separate legal entity responsible for the financial services it provides. Eligibility conditions apply. Refer to the Financial Services Guide (pdf) for more information.

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.

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.

2. How do I make a Total & Permanent Disability Assist claim?

If you believe you may be eligible to claim a Total & Permanent Disability Assist 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 a Total & Permanent Disability Assist claim and they are explained in detail within this *guide*.

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 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 of your type of cover and any claim requirements, and allows you (if eligible) to lodge your claim electronically via **eClaims**.

Our experienced Claims Representative will guide you through the process of a Total & Permanent Disability Assist claim.

The Claims Representative will:

- confirm details of your Australian Retirement Trust membership, including member number, and date of birth, provide you with details of your current account balance and insurance cover,
- request from you the details of your injury/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,
- discuss with you any options you may have or refer you to an expert to discuss early assistance,
- 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 Total & Permanent Disability Assist claim

Completing your claim application 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. We understand that completing the claim application may be a daunting task and our Claims Representatives are here to help you every step of the way. Please contact us, if you need any assistance with completing your claim forms.

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 Total & Permanent Disability Assist 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 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 assess your Total & Permanent Disability Assist claim against the appropriate policy. The insurer will use the information you, your employer and your treating doctor/s provide when making its assessment.

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 claims declined by the Insurer are referred to the Trustee of Australian Retirement Trust for review and consideration. If the Trustee does not agree with the insurer's decision to decline a claim they will request the insurer reconsider the decision and/or provide additional information to support their decision.

The Trustee of Australian Retirement Trust will also oversee that payments for approved claims are made according to payment instructions.

4. What does the Total & Permanent Disability Assist 'Claims pack' contain?

The claims pack includes a number of forms that you need to complete when making a claim for Total & Permanent Disability Assist. Some of the included forms are explained below. Please do not hesitate to contact us if you have any questions about these forms, as we want to ensure that your claim is progressed as quickly as possible.

1. Initial claim 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 were performing 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 superannuation 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 payslips.

2. **Medical Attendant's statement 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 injury or illness and provide evidence for it (such as medical records, test results etc.).

Please note: So that we can make the process of lodging your claim as easy as possible, in some instances our Insurer will contact your treating doctor directly for completion of this form. If this is the case, this form will not be sent to you as it will be sent directly to your doctor.

Tip: We recommend that you contact your doctor and let them know that you are in the process of making a Total & Permanent Disability Assist 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.

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. They will need to provide information about 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 (previous) employer, as this form must be completed by an authorised person.

4. **Benefit payment instruction form**

What is this form for?

This form asks how you would like to receive your benefit payment should your claim be approved.

Tip: Providing this information to us at the start will ensure that you can receive your payment without delay if your claim is approved. If you are unsure of how you would like your payment made, we can arrange for you to speak with one of our qualified financial planners who can assist you to make the best decision for your individual circumstances, just contact us.

5. **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.

6. **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.

Why so many questions?

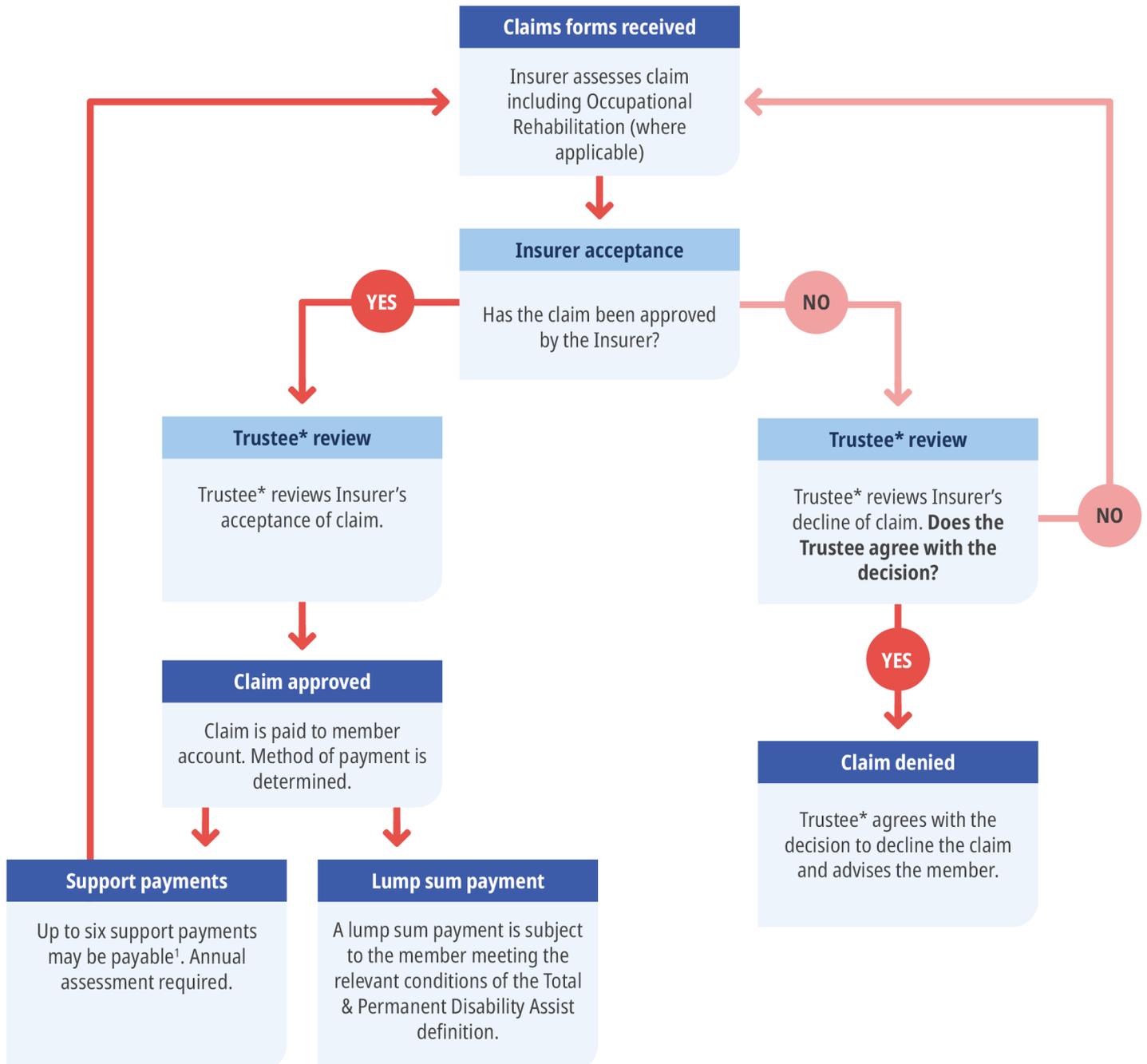
In order to properly assess your claim, the Insurer requires detailed information from you, your employer and your doctor.

While we recognise that your claim requires a number of questions to be answered, collecting as much information as possible at the start will help validate your claim and speed up the process.

We understand that this may be a daunting task and our Claims Representatives are here to help you every step of the way. If you require assistance, please contact us.

5. The Total & Permanent Disability Assist insurance claim assessment process

The process outlined below applies for members claiming on Total & Permanent Disability Assist cover in *Super Savings*, where disablement occurred on or after 1 July 2016 or for members claiming on Tailored Total & Permanent Disability Assist cover in *Super Savings*, where disablement occurred on or after 1 October 2020 (Total & Permanent Disability Assist may also apply in select Corporate plans, please refer to your *Super Savings - Corporate Insurance guide* for details). Where appropriate, occupational rehabilitation and retraining may be available with this type of cover to assist in regaining the capability to earn a living. If you are unable to return to work and your Total & Permanent Disability Assist claim is approved, you may receive up to six support payments, subject to annual assessment and you continuing to meet the definition of Total & Permanent Disability Assist. In some limited circumstances you may receive a single lump sum payment. The amount of a Total & Permanent Disability Assist payment depends on how much insurance cover you have at the time of injury or illness.



*Trustee of Australian Retirement Trust

¹ If your Date of Disablement was on or after 1 July 2016 and prior to 1 October 2020 then each payment is equal to one sixth of your maximum cover amount as at your Date of Disablement. If your Date of Disablement occurs on 1 October 2020 or thereafter, the initial support payment is calculated as 25% of your maximum benefit amount at the Date of Disablement and the subsequent support payments (up to a maximum of five payments) are each calculated as 15% of your maximum benefit amount at the Date of Disablement.

Claim forms are received

Once we have received your claim forms, within 5 business days we will acknowledge receipt of your claim and a 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 require for this initial stage, the insurer can begin the assessment of your claim. Throughout the life of the claim, a 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 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 examinations they arrange for you to attend.

Once all required information has been collected, the Insurer will assess your claim and decide whether your claim meets the relevant Total & Permanent Disability Assist definition, it will 'accept' or 'decline' your claim.

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.

Occupational rehabilitation (if applicable)

Occupational rehabilitation may be appropriate in helping some members return to work. Australian Retirement Trust will work with eligible members, their treating doctors and employers to aid in recovery and assist in returning to work. Participation in occupational rehabilitation may be a compulsory part of the claims process.

Claim is accepted by Insurer

If your insurance claim is accepted by the Insurer, the insurance proceeds will be paid to Australian Retirement Trust and initially invested in the Cash investment option.

The Trustee of Australian Retirement Trust reviews Insurer's acceptance of claim and makes payment

The Trustee of Australian Retirement Trust will review your claim within 5 business days. A Claims Representative will then contact you to advise that your claim has been approved. We will also contact you for payment instructions and pay your benefit according to your payment instructions. Should we not receive payment instructions within 28 days, the payment will be invested as per your current investment strategy.

You have the choice of taking the payment in cash (paid into your bank account or via cheque), leaving it in your *Super Savings account* or rolling it over to another approved superannuation fund.

If you choose to take your benefit in cash, you'll receive notification and details of the payment. PAYG tax will be withheld from your benefit where applicable.

If you choose to leave your benefit in Australian Retirement Trust, any insurance proceeds will be moved into your chosen investment option(s).

Please note: If your claim is successful, you will no longer be eligible to receive other default insurance cover from Australian Retirement Trust. To obtain cover in the future you would need to re-apply for cover and provide evidence of your health. Your application would be subject to acceptance by the Insurer.

If you are unsure of how you would like your payment made, we can arrange for you to speak with one of our qualified financial advisers who can assist you to make the best decision for your individual circumstances, just contact us.

Support Payment or one off Lump Sum

Total & Permanent Disability Assist claims may be paid in up to six support payments or a single lump sum. If your Date of Disablement was on or after 1 July 2016 and prior to 1 October 2020 then each payment is equal to one sixth of your maximum cover amount as at your Date of Disablement. If your Date of Disablement occurs on 1 October 2020 or thereafter, the initial support payment is calculated as 25% of your maximum benefit amount at the Date of Disablement and the subsequent support payments (up to a maximum of five payments) are each calculated as 15% of your maximum benefit amount at the Date of Disablement.

Should your injury or sickness continuously prevent you from working ever again, your eligibility for each support payment will be assessed as close as possible to your annual assessment date (the anniversary of the date of the first payment made). If you are assessed as still being totally and permanently disabled (according to the definition), Australian Retirement Trust and our insurer will work towards making subsequent payments as close as possible to the annual assessment date.

If you are in receipt of support payments and return to work or become capable of returning to work (i.e. no longer meeting the Total & Permanent Disability Assist definition), part way through the five year payment cycle the support payments will cease. Any remaining Death and Total & Permanent Disability Assist cover may continue, based on your current age minus the total of any Support Payments paid during your claim. Premiums are adjusted accordingly.

If you are diagnosed with a specific long term debilitating injury or illness (specified Medical Conditions) with no chance of recovery, suffer loss of limbs or loss of Cognitive Function or are unable to undertake specified Activities, or are 62 years of age or older, your insured cover may be paid as a single lump sum payment following assessment.

You have the choice of taking the payment in cash (paid into your bank account or via cheque), leaving it in your *Super Savings account* or rolling it over to another approved superannuation fund.

If you choose to take your benefit in cash, you'll receive notification and details of the payment. PAYG tax will be withheld from your benefit where applicable.

If you choose to leave your benefit in *Super Savings*, any insurance proceeds will be moved into your chosen investment option(s).

If you are unsure of how you would like your payment made, we can arrange for you to speak with one of our qualified financial advisers who can assist you to make the best decision for your individual circumstances, just contact us.

Claim is declined by Insurer

If your insurance claim is declined by the Insurer, it will be referred to the Trustee of Australian Retirement Trust for review 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 reassessed, your claim will be referred back to the Insurer for

their reconsideration, within 5 business days of completing our review. Your Claims Representative will contact you to advise you of the next steps.

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

If the Trustee of Australian Retirement Trust agrees with the Insurer's decision to decline your claim, your 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 written complaint with Australian Retirement Trust. Your complaint will be investigated.

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. Total & Permanent Disability Assist's occupational rehabilitation

At Australian Retirement Trust, we understand how meaningful it can be to regain your ability to earn a living. When you are unable to work due to illness or injury, your happiness and quality of life can be greatly affected.

That's why we may create an occupational rehabilitation program to suit your individual needs as part of the Total & Permanent Disability Assist process. For eligible members, we will work with you, your treating doctor and your employer to aid your recovery and assist your return to work.

Your occupational rehabilitation program may include:

- an initial assessment with your treating doctor to identify your unique support needs,
- engaging an external occupational rehabilitation provider,
- guidance to help your treating doctor create a personalised treatment plan for you,
- coordination of support between your external rehabilitation consultant, treating doctor and employer,
- designing and implementing your own 'return to work' plan—which may include re-skilling, retraining and assisting your recovery via regular upgrading of your work hours and duties as you improve,
- work-related counselling and support for secondary conditions (such as those that affect mental health), and/or
- job-seeking advice and career guidance.

To see if occupational rehabilitation is appropriate for you, or to find out more about how Total & Permanent Disability Assist can help you return to work, please contact us.

8. Frequently asked questions about Total & Permanent Disability Assist claims

When can I make a Total & Permanent Disability Assist claim?

If you are claiming for Total & Permanent Disability Assist, this means that you have been and are still suffering from an ongoing and serious injury or illness that is permanently preventing you from working or from performing daily activities. To apply for a Total & Permanent Disability Assist claim, you must satisfy the definition of 'Total & Permanent Disability Assist'. For definitions, refer to the *Super Savings Insurance guide*.

What if I am not sure I have insurance?

- Login to **Member Online** and check your details,
- review your most recent statement, or
- call us on **13 11 84**.

Why does it take so long?

There are many steps involved in assessing a claim. The process is lengthy and can take a number of months. We and the Insurer need to assess all relevant facts, including information from you, your employer, your doctor and medical specialists to ensure that the correct decision is made.

Is there a Waiting Period?

Waiting Periods do not apply to most Total & Permanent Disability Assist claims. A Waiting Period may apply depending on the insurance policy, as outlined in the *Super Savings Insurance guide*.

Please contact us, to obtain further information about the type of claim you may be eligible to lodge.

How long do I have to lodge a claim?

The sooner you contact us regarding your intent to claim, the quicker we can explore how we may assist you.

Please contact us as soon as you are able, if you would like help making a claim or have any questions.

What happens if I have a self-inflicted injury?

In some instances, you will not be eligible to make a Total & Permanent Disability Assist claim if your injury or illness is caused by an intentional self-inflicted act. Please contact us, to check if this applies to you.

How much will it cost?

To enable our Insurer to assess your claim, you'll need to provide medical evidence to support your application. The cost of any information required to initiate the claim process is to be met

by you. This includes having a doctor complete a Medical Attendant's statement (if applicable). If the Insurer requests additional information or reports from your doctor, or requests an independent medical examination, the cost of these will be paid by the Insurer.

What happens if I am receiving Income Protection payments?

If you are receiving Income Protection payments, these will continue as long as you satisfy the terms of the Income Protection claim policy.

What if I am self-employed?

The process of making a claim remains the same irrespective of whether you work for an organisation or work for yourself.

What if I am unemployed?

Your capacity to work is assessed by Australian Retirement Trust's insurer and is determined by your ability to perform any reasonably suitable occupation based on all of your education, training or experience, not just your usual occupation or job you were performing when you become injured or ill. If you are unemployed we may consider your domestic duties to be your occupational duties. For definitions, refer to the *Super Savings Insurance guide*.

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



