TERMINAL ILLNESS INSURANCE CLAIM GUIDE

2021

OnePath

WE'RE HERE TO HELP DURING A DIFFICULT TIME

We understand making a claim can be daunting. That's why we want to help you understand the process.

The aim of this guide is to assist you when making a Terminal Illness claim. Keep in mind, this is a general guide, so some things may vary depending on individual circumstances.

GUIDE TO MAKING A TERMINAL ILLNESS CLAIM AND UNDERSTANDING THE CLAIM PROCESS

STARTING THE CLAIM PROCESS

Your claim pack includes:

- Terminal Medical Condition Insurance Claim Form
- Privacy Statement, Declaration and Authority
- Two Medical Attendant Certificates
- Withdrawal Form

To start the claim process, please return the **Terminal Medical Condition Insurance Claim Form** and **Privacy Statement, Declaration and Authority**. Please ensure these forms are fully completed, signed and dated.

You'll also need to include **a certified copy of an acceptable form of identification**, such as driver's licence or passport. We need to receive this within 90 days of the date of certification – The Withdrawal Form includes information about who can certify your documents.

The claim form includes two **Medical Attendant's Statements (Part B and Part C)**. These statements must be completed by medical practitioners who can provide full information on your condition as well as an opinion on life expectancy. One of these practitioners must be a specialist practicing in an area related to your illness or injury. Please also enclose certified copies of any laboratory and clinical tests supporting the diagnosis.

Mail to:
OnePath Custodians Pty Limited
GPO Box 5306
SYDNEY NSW 2001

With your **Withdrawal Form**, you'll also need to include **a certified copy of an acceptable form of identification**, such as driver's licence or passport. We need to receive this within 90 days of the date of certification – the **Withdrawal Form** includes information about who can certify your documents.

Important

Under superannuation law you may be eligible to withdraw your accumulated superannuation balance if it's determined that your illness or injury would normally result in death within 24 months.

However, as insurance fees (premiums) will continue to be deducted from your superannuation account, to retain your insurance cover you'll need to retain funds in your account to meet the cost of your cover until a decision is made about on your claim and an insurance benefit is paid.

Your insurance cover will also cease if you close your account before an insurance benefit is paid.

A DEDICATED CASE MANAGER WILL HELP YOU THROUGH THE PROCESS

To ensure the claims process is as easy as possible, you'll be assigned a dedicated Case Manager to answer your questions, keep you updated and to support you through the process.

Once we receive your claim, a Case Manager will contact you. This person will then be your point of contact throughout.

Your Case Manager will oversee the claims process. They can:

- Explain the process to you and help guide you through what comes next
- Respond to any questions you may have.

They will also:

- Keep you updated about the progress of your claim
- Communicate the Insurer's and Trustee's decision with respect to your claim
- Arrange to process your withdrawal request.

WHAT IS A TERMINAL ILLNESS BENEFIT?

A Terminal Illness benefit is a lump sum pre-payment of your Death benefit provided if you are assessed as having a condition that cannot be cured despite adequate medical treatment, and that is likely to lead to your death within a specified period defined in the insurance policy.

Terms and conditions of the cover vary between insurers. See your insurance policy for details.

HOW DO I MAKE A CLAIM?

1 CONTACT US

Call us on **133 665** weekdays 8.30am to 6.30pm (AEST). We can help you with any questions you have, even if you're not sure if you can apply.

2 SEND CLAIM PACK

We'll send you a Claim Pack, which includes this Guide and the Claim Form and other required documents.

You can also download this Guide and Claim Form from our website: **onepath.com.au/superandinvestment/claims.aspx**

3 COMPLETE AND RETURN CLAIM DOCUMENTS

You'll need to complete the Claim Form and return it to us, along with the other required documents. If you have any questions or need help call us on **133 665** or contact your Case Manager.

Make sure your Claim Form is fully completed, signed and dated.

Return the Claim Form and other required documents to:

OnePath Custodians Pty Limited
GPO Box 5306
Sydney NSW 2001

WHAT HAPPENS NEXT?

4 ASSESS CLAIM

Once we receive your Claim Form, we'll acknowledge receipt of your claim within 5 business days.

Before sending the claim to the Insurer, the Trustee will complete an Assessment of Eligibility for Insurance cover within 5 business days of receiving it.

If we assess that you're not eligible to claim, we'll explain this in writing and give you the opportunity to provide more information.

If we assess that you are eligible to claim, we'll lodge a claim with the Insurer on your behalf.

While the Insurer is assessing your claim, the Trustee will concurrently and independently review your claim to track its progress. The Trustee will also verify that the Insurer has made a properly informed decision.

The time needed to assess your claim will depend on things including:

- The type and complexity of your claim
- The amount of information we need to review
- How quickly the information needed can be obtained.

Your Case Manager can give you an estimate of the time it will take based on the individual circumstances of your claim.

In some cases, the Trustee will also rely on the time frame provided by the Insurer on the progress of the claim.

The Insurer will keep you updated about the progress of your claim – at least every 20 days.

During the process we may need your help or authority to seek additional information. The Insurer may contact you directly for further information. You may also need to attend an independent medical examination or interview.

5 CLAIM DECISION AND PAYMENT

If your claim is approved by the Insurer, your benefit will be paid into your superannuation account

You may then:

- Retain your benefit within your superannuation account
- Transfer all or part of your account balance, including your insurance benefit into a pension account within the same superannuation fund
- Withdraw all or part of your account balance, including your insurance benefit.

As your insurance benefit forms part of your superannuation, you'll need to complete and provide the enclosed **Withdrawal form** to withdraw from your superannuation account.

You can provide this with your claim application, or later once your benefit has been paid into your account and you have decided your strategy to manage your superannuation savings and insurance benefit.

Before making a decision, we encourage you to seek personal tax and/or financial advice that takes in account your personal circumstances. A financial or tax adviser can provide advice taking into account your personal circumstances, needs and financial objectives.

If your claim is declined by the Insurer, the Trustee will let you know within 5 business days of the Insurer's decision. You will be provided with reasons for the decline and an outline of the material relied on for this decision.

The Trustee will carry out a review within 15 business days of receiving the notification from the Insurer.

You will have an opportunity to make further submissions or provide further information about your claim.

If the Trustee disagrees with the Insurer's decision to decline, it may first refer your claim back to the Insurer for reconsideration.

If you disagree with a decision to decline your claim, you may lodge an objection in writing with the Trustee.

The Trustee will review the objection and provide a final response within 90 days. In exceptional cases we may require more time to investigate and respond. We'll ensure you're kept informed during this period and provide an update every 20 days.

THE TRUSTEE AND INSURER RESPONSIBILITIES

Group	Responsibilities
The Trustee	**The Trustee is the customer advocate and has a duty of care to act in the best interests of members and beneficiaries.** • Is the Issuer of your super product, ultimately responsible for the way it operates. • Is the Policy Owner of the Insurance Policy. • Has specific duties to the fund's members, including a duty to act in the best interests of members and beneficiaries. • Works to minimise any delays in the claims process and to ensure a consistent and efficient process. • Completes an independent review of the Insurer's decision. • Manages any objections to claim proposals or decisions. **If the Insurer declines the claim:** The Trustee must independently review the Insurer's decision. If the claim has a reasonable prospect of success, the Trustee has a duty to do everything that is reasonable to pursue an insurance claim for your benefit. If the Trustee agrees with the Insurer's decision to decline the claim, they must write to you stating the reason/s why it agrees with the Insurer's decision.
The Insurer	• Must act in good faith in assessing the claim. • Reviews the claim for insured benefits and will contact claimants directly if it determines more information is required. • Decides if a Terminal Illness insurance payment can be made based on the policy terms and conditions. • Depending on the Insurer you may also receive updates on the progress of the Claim, regarding insured benefits.

FREQUENTLY ASKED QUESTIONS

Who can receive a Terminal Illness benefit payment?

A Terminal Illness benefit can only be paid to the insured member. However, if retained within the member's superannuation account, on death of the member, any superannuation balance, including the Terminal Illness insurance benefit will be determined as a death benefit and will be subject to the conditions of the Trust Deed in distributing your benefits to your valid beneficiary(s) or potential beneficiary(s).

Do I need a solicitor to make a claim?

No, there is no need to engage a solicitor to make a claim. The Trustee of the super fund can assist you with your claim, throughout the insurance claim process. Simply contact us if you need help.

You may choose to seek independent legal advice in relation to your claim. This means you must authorise your legal adviser/solicitor to contact the Trustee on your behalf if you would like us to correspond with your legal adviser/solicitor.

You will be responsible for paying the fees for any legal advice, the Trustee does not fund this on your behalf.

What does 'certified' mean?

Apart from the forms we send you, each document provided as part of your claim must be certified to be a genuine copy of an original document. Only an authorised person can certify original documents, sighting the original and the copy to ensure both are identical.

On a single-page document, the authorised person must write or stamp:

> *'This is a certified true copy of the original as sighted by me.'*

or, on a multi-page document:

> *'I certify this and the following [number of pages] pages to be a true copy of the original as sighted by me' on the first page and initial all other pages.*

The authorised person must also date, sign and print their name and qualification (for example, Justice of the Peace) on the document.

Authorised persons include a Justice of the Peace, solicitor or medical practitioner or anyone who can certify under relevant State and Commonwealth legislation. Please retain the original documents as they may be needed for other purposes.

What does eligibility mean?

All claims must satisfy our claim requirements and meet the terms and conditions of the insurance policy.

The Trustee will assess eligibility to lodge a claim for insured benefits within 5 business days of receiving your claim.

If you have a query about your claim while it is being assessed?

We'll acknowledge your query by the next business day and provide a full response within 10 business days.

What happens if the Trustee disagrees with the Insurer's decision to decline the claim?

If our review results in us querying the Insurer's decision, we will tell the Insurer within 5 business days of completing our review. If we believe the claim has a reasonable prospect of success, we'll advocate on your behalf. We will keep you informed at least every 20 business days.

In exceptional cases, we will tell you that we need more time, and will clearly communicate our revised expected timeframes until a decision is reached.

If we obtain new information or assessments, or you make further representations and submissions or provide further information, we will have another 15 business days from the receipt of the new information to review that information.

Is there a time limit to claim a Terminal Illness benefit?

There is no time limit for claiming a Terminal Illness benefit. However, we recommend lodgement of the claim as soon as practicable.

What is the Trustee's role regarding insurance claims?

The Trustee will conduct a thorough review and investigation into the Insurer's decision. No portion of the insurance benefit will be paid until the Trustee is satisfied that all issues are resolved.

How are Terminal Illness benefits taxed?

Terminal Illness benefits are generally tax free. However. if retained within your superannuation and later paid to a beneficiary, this payment becomes a Death benefit. A Death benefit taken as a lump sum is generally tax free if paid to a dependant. However, some tax will apply if paid to a non-dependant.

The Trustee doesn't withhold tax from a payment to an estate. A Death benefit paid to an estate may be subject to tax, which is a responsibility of your Estate Executor(s) or Administrator(s). If a Death benefit is taken as an income stream, tax may apply depending on the age of the deceased and the age of the dependant. We recommend that you seek independent tax advice that takes into account your personal circumstances, in particular where accumulation and sum insured benefits were retained within the fund.

ADDITIONAL INFORMATION

The Trustee's responsibilities under the Financial Services Council Insurer Code (the Code)

We'll oversee the progress of the claim to minimise delays and intervene if we become aware that the Insurer isn't complying with the timeframes provided in the Code.

If the Insurer tells us that it can't make a decision on your claim within the timeframes provided in the Code because information necessary to complete the assessment hasn't been provided, we'll let you know the revised timeframes. If your medical condition hasn't yet stabilised to allow a decision to be made, we'll tell you that your claim will be progressed further when more information is available.

Review of additional information or submissions

If we obtain or are provided with new information for assessments, or you make further representations and submissions or provide further information, we will have another 15 business days from the receipt of the new information to review the information.

COMPLAINTS

You can lodge a complaint if you disagree with:

- the Trustee's decision
- the decision on your insurance claim, or
- you are dissatisfied with the management of your claim.

We'll acknowledge your complaint on receipt and respond to you. Our investigation may take up to 90 days, however we will aim to provide a written response within 45 days.

Next Steps

If you have any questions or would like further information, please:

email us at **customer@onepath.com.au**

visit our website **onepath.com.au**

call Customer Services on **133 665**,
weekdays between 8.30am and 6.30pm (AEST).

Keep in mind, the Trustee is the customer advocate and has a duty of care to act in the best interests of members and beneficiaries.

If you wish to lodge a complaint, you can write to:

Email: **super.feedback@ioof.com.au**

Address: **Complaints Team**
OnePath Custodians Pty Limited
GPO Box 5367
Sydney NSW 2001

Further help – the Australian Financial Complaints Authority (AFCA)

You have the option to lodge a complaint with AFCA directly rather than lodging a complaint with us. Otherwise, you can also lodge a complaint with AFCA if you're not satisfied with our response or if your complaint has not been resolved within the maximum timeframe prescribed by legislation. AFCA provide a fair and independent financial services complaint resolution that is free to consumers.

Website: **www.afca.org.au**
Email: **info@afca.org.au**
Phone: **1800 931 678** (free call)

In writing:
Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001

Time limits may apply to complain to AFCA. You should act promptly and consult the AFCA website to find out if or when the time limit relevant to your circumstance expires.

PLA-20035 (54287_I0158) 0721

Customer Services

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email us at **customer@onepath.com.au**


visit our website **onepath.com.au**


call us on **133 665**,
weekdays 8:30am to 6:30pm (AEST)

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