

# How to make a Total and Permanent Disablement claim

October 2019

Fact sheet

Total and Permanent Disablement (TPD) insurance provided by Mercy Super gives you peace of mind knowing that you and your family are protected if you become permanently incapacitated.

This fact sheet outlines the process for making a TPD insurance claim with Mercy Super.

## Your TPD insurance cover

TPD insurance cover can provide you with a lump sum to help with your long-term medical and other costs if you become permanently incapacitated and are unable to work ever again.

Mercy Super offers flexible insurance cover so your level of cover may vary depending on any nominated options, your age and other factors.

To find out how much cover you have, login to your account via Member Online or contact us.



**TIP:** If you don't have TPD insurance cover, there are circumstances where you may be eligible to access your super account balance. Call us on 1300 368 891 to find out more.

## Thinking of making a claim?

The purpose of Mercy Super's insurance cover is to provide protection for you and your family in the event of your death or disablement. In the unfortunate event that you have suffered an injury or illness that has left you permanently incapacitated, we urge you to contact us so we can help you through the claim process.

We'll help explain the steps involved in making a claim and we'll make sure you're looked after throughout the process.

## Eligibility

You may be eligible for a TPD benefit if you satisfy the definition of Total and Permanent Disability, as assessed by the Fund's insurer. The insurer must be reasonably satisfied that your illhealth (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.

The TPD definition that applies to you will depend on a number of factors including (but not limited to):

- when you joined Mercy Super
- your occupation
- your age
- how much you were working immediately prior to becoming disabled.

Further details about TPD eligibility and definitions of terms can be found in our *Insurance in your super* booklet which is available from our website and in the Fund's insurance policy.



### Important: Three-month waiting period

The insurer will only consider your claim once you've been off work for at least three consecutive months due to ill health or injury, unless you are suffering Paralysis. Read the *Insurance in your super* booklet for more information.

Some lawyers may tell you that your claim will only be accepted if you agree to pay them part of your benefit to act on your behalf. Mercer Super is obliged by law to act in your best interests. That includes vigorously pursuing all legitimate insurance claims. We suggest that you first allow us to assess your claim and make an initial decision. If you are not happy with our decision or the assessment process, you can obtain legal advice at any stage. Not appointing a lawyer in the first instance in no way restricts your right to do so later or to challenge a decision of the Fund in relation to your claim. More likely, it means you will receive your full benefit without incurring unnecessary legal expenses.

## Making a claim

Here's an overview of the claim process:

	What you need to do	What we will do
<b>STEP 1: Contact us</b>	Before you do anything, call us on <b>1300 368 891</b> , drop in and see us or send an email to <b>information@mercysuper.com.au</b> to discuss your circumstances.	We'll explain the steps involved and provide you with the forms that need to be completed.
<b>STEP 2: Return the information requested</b>	After the 3 month waiting period has expired, there are a number of forms and documents that need to be provided to enable your claim to be assessed. This includes documents from you and your treating doctors.  <b>Note:</b> It usually takes 4 - 8 weeks for the information to be received from these various parties.	We will request the information required from your employer to enable your claim to be assessed.  Once we receive all of the completed forms we will submit the information to our insurer who will assess your claim.  <b>Note:</b> The initial assessment usually takes about 2 weeks and often more information is required after this initial assessment before a decision can be made on your claim.
<b>STEP 3: Provide any additional information</b>	We'll let you know if we require further information from you or your employer. If more medical information is needed the insurer will generally contact your doctor directly.  You will need to provide any additional information requested. Any information requested from other parties usually takes 4 - 8 weeks to be received depending on the nature of the information and your doctor.	We will liaise with the insurer to ensure your claim is progressed as quickly as possible.  If we have your email address, we'll keep you updated on the progress of your claim.

## Assessing your claim

The Mercy Super Trustee will assess your claim in conjunction with the Fund's insurer.

### If your claim is accepted:

We will contact you and ask how you would like your benefit to be paid. There are a number of options available and you may want to speak with one of our financial advisers to decide the best option for you.

Once you have made your decision, we'll provide you with the relevant paperwork to complete your claim. If you decide to take your benefit as a lump sum, we'll arrange for payment to be made to your nominated bank account.

### If your claim is not accepted:

We will write to you and explain why you do not qualify for a TPD benefit. If you have any supporting information that has not previously been supplied, send this to us and request a reassessment. We'll forward the new evidence to the insurer and they will reassess your claim. You will be notified of the outcome once the reassessment is completed.

If you are not satisfied with the insurer's decision or reassessment of your claim, you can lodge a complaint with Mercy Super. Once the complaint has gone through the Mercy Super complaints procedure, and if you are not satisfied with the response you receive, you have the right to complain to the Australian Financial Complaint Authority (AFCA) about the Trustee's decision. The AFCA will review the decision and all supporting documentation and may be able to change the decision in some circumstances.

## We're here to help

Mercy Super has a duty to look after our members' best interests and our insurer has a strong track-record of paying legitimate disability claims.

If you have any questions about your insurance cover or the claims process, call us on **1300 368 891** or send an email to **information@mercysuper.com.au**. We'll help explain the steps involved and make sure you're looked after throughout the process. That's what we're here for. We mean it when we say we provide personal service built on empathy, professionalism and trust.

### Contact us

<b>IN PERSON</b>	Potter Building, Ground Floor, Mater South Brisbane Campus, Annerley Road, South Brisbane QLD
<b>MAIL</b>	PO Box 8334, Woolloongabba QLD 4102
<b>PHONE</b>	1300 368 891 or 07 3163 8880
<b>FAX</b>	07 3163 2421
<b>EMAIL</b>	information@mercysuper.com.au
<b>WEB</b>	mercysuper.com.au