

# Total and Permanent Disability Cover

## Making a Claim

Most members of legalsuper have default cover for both death and Total and Permanent Disability (TPD) when they meet eligibility. TPD cover provides you coverage for injuries or illnesses that mean you are unlikely to work again in roles for which you have education, training or experience. The insurer also needs to be satisfied that you have met the relevant TPD definition that applies to you and your circumstances.

### How can I lodge a claim for a TPD Benefit?

If you have insurance cover, you have the option of lodging a claim online or by requesting physical copies of the required claims forms. You will then need to have these completed and returned.

If you lodge online, the insurer will be able to assess your claim earlier and may be able to better assist you through the process.

If you don't have insurance cover and want to access your superannuation account balance, you can request the necessary forms for your circumstances. You will need to have these completed and returned for assessment.

### How long does the assessment of a TPD claim take?

As the insurer will need to gather evidence to assess your condition against the relevant TPD definition and make a decision about your claim the assessment of your claim may take several months. The insurer aims to make a decision within six months to meet obligations under the life code however, it may take longer if there are circumstances beyond the insurer's control. If this applies to your claim the insurer will let you know.

### What can I expect?

The insurer will appoint a case manager who will deal directly with you in respect of your claim. They will also keep you updated on progress as the assessment is undertaken.

During the assessment of your claim the insurer may reach out to your doctors to better understand your condition. It might also require you attend independent doctor/s if this is considered necessary and might also request assessments by other professionals with relevant occupational experience.

The insurer could also request and obtain medical files from your treating doctors and could request files from a workers'

compensation or another insurer that you may have lodged a claim with.

Where the insurer assesses and approves your claim you will be advised accordingly.

In some circumstances the insurer might approve a claim based on the medical assessment of one treating doctor. For tax purposes legalsuper are required to receive confirmation from two doctors that you are unlikely to return to work again in any occupation for which you have education, training or experience so that any TPD benefit paid to you is concessional tax. If this case applies to you, we will contact you to obtain further information from another medical doctor. This circumstance typically applies for members accessing a benefit who are under the age of 60.

### What happens if the insurer believes there might be evidence that doesn't support your claim?

The insurer will conduct a process which is known as procedural fairness. Where this occurs, the insurer will write to you and provide you details of the evidence being relied on in order to make a decision about your claim.

If this happens, you can review the material provided and respond to the insurer with a submission and/or further evidence to ensure it has an adequate understanding of your medical conditions and how these are impacting on your ability to return to work.

### What happens if the insurer declines the claim?

If the insurer decides to decline a claim, they will write to the legalsuper Trustee providing the evidence relied on and will explain their rationale for the decision.

If the Trustee agrees that the Insurer's decision and evidence gathered aligns with the policy terms and is considered fair and reasonable then the Trustee will affirm the insurer's decision, and you will be advised accordingly.

If the Trustee does not agree the Insurer's decision is fair and reasonable and aligned with policy terms the Trustee will refer the claim back to the insurer and further evidence may be sought.

## What are your options if the Insurer declines your TPD claim?

You can provide further information and request a review of the claim decision at any time. For example, if a doctor assessed that you could return to work in the future, but your recovery does not go as expected and you are unable to sustain a return to work, you might request a review of your claim when this becomes apparent.

You also have the option to lodge a complaint and have the matter referred to the Australian Financial Complaints Authority (AFCA) for a review of your claim. AFCA enables a low-cost avenue for the review of a complaint. You should be aware however that time limits apply to lodging an AFCA complaint.

## Is my Death cover affected by an approval?

If your TPD claim is approved and you also have death cover, your death cover will be adjusted to reflect the TPD benefit paid.

## Can I lodge a claim at any time?

Yes, there is nothing that stops you from lodging a claim for an event however you should be aware that the insurer will need to be able to use evidence, which is contemporary to when the event occurred, and this might be more difficult to source if you take longer to lodge a claim. In some cases, doctors' surgeries could cease operation and records could be lost. It therefore may be wise to lodge your claim close to the event, so medical and other evidence is easier to obtain.

## What if you recover and retrain after successfully receiving a TPD benefit?

You will not be required to repay a benefit if you return to work after you have had a successful claim.

## What if you have a workers' compensation claim on foot?

The interaction between workers compensation law and superannuation TPD benefits can differ between states and can be quite complex. You may wish to seek advice on this matter if you are claiming a benefit from a workers' compensation authority.

### \*Key information to note



- If you have Group Salary Continuance (GSC) cover you may wish to consider lodging a GSC claim first. The insurer will be better placed to assist you with a return to wellness and where you are able, a return to work while you are provided with income support.
- All insurance claims are subject to assessment and approval by the insurer and the full details of the current definition of TPD can be found in the *Employer Sponsored Super & Personal Super Additional Information PDS*. Where you are making a claim for a period that pre-dates the PDS the relevant definition on your Event Date will apply and this may differ to the current definition.

### Need more information?



For further information, please refer to the *Employer Sponsored Super & Personal Super Additional Information* guide available at [legalsuper.com.au](https://legalsuper.com.au)

## We're here to help

If you have any questions, please don't hesitate to call us on **1800 060 312** between 8am and 8pm AEST/AEDT Monday to Friday or email us at [mail@legalsuper.com.au](mailto:mail@legalsuper.com.au)