

Understanding the insurance claims process

WEST STATE SUPER AND GESB SUPER

If you are considering making an insurance claim, or have already started the process, this fact sheet explains the definitions and requirements and also clarifies the various steps that are involved.

BEFORE YOU MAKE A CLAIM

There are some pre-requisites, identified by the Insurer,* which you will need to satisfy and consider before making an insurance claim.

- Check that you have fulfilled the necessary waiting period.
- Make sure you have completed the relevant documentation and provided the evidence requested by the Insurer.
- You should consider the impact if you resign from current employment or change your employment contract before you have received a final assessment from the Insurer in relation to your claim. Any medical practitioner's diagnosis is not final unless the Insurer concurs with the assessment and approves an insurance benefit payment in relation to that diagnosis.

Qualifying for an insurance benefit:

TOTAL AND PERMANENT DISABLEMENT INSURANCE

This cover provides you with a lump-sum benefit if you become totally and permanently disabled. Insurance benefits are paid to your super account and can be accessed when conditions of release are satisfied. Payment is dependent upon you meeting certain definitions and satisfying a waiting period. If you make a Total and Permanent Disablement (TPD) insurance claim, the Insurer will make an assessment based upon the definitions shown overleaf.

How long is the waiting period before I can make a TPD claim?

The waiting period for a TPD claim is three months. This refers to the amount of time you have to wait after being certified by a registered medical practitioner as being totally and permanently disabled and ceasing work due to that condition. If your claim is approved, you are entitled to a benefit after the waiting period has expired.

What if I am diagnosed with a terminal illness?

If you are terminally ill and have been diagnosed with less than 12 months to live, you are able to access your full Death benefit. You will need to complete a 'Terminal illness benefit' form and ensure this is accompanied by an employer statement and two medical statements. Your Death insurance policy will be closed after the terminal illness benefit is paid out. Call your Member Services Centre on 13 43 72 and the consultant will ensure your claim is prioritised.

Why is an insurance benefit paid into my super account and not to me directly?

The insurance policy requires that the insurance benefit is paid to your super account rather than directly to you. This is because super is favourably taxed and any benefits can only be accessed when certain conditions are met. Having insurance within your super also allows us to deduct premiums from your super account instead of you having to pay them directly.

How can I access my insurance benefit payment once it is paid into my super account?

Any lump-sum insurance benefit paid to your super account can be accessed once you meet a condition of release. It is also possible to roll over your insurance benefit into a complying pension like GESB's Retirement Income Allocated Pension or an annuity. For more information see 'Accessing your super' fact sheet or call your Member Services Centre on 13 43 72.

Simultaneous assessments for TPD and Salary Continuance Insurance

When you contact your Member Service Centre to discuss a potential TPD claim, a Member Services consultant will ask you a series of questions. The answers you provide may lead to a claim for Salary Continuance Insurance (SCI) also being made in addition to the TPD claim. It is then possible that your case will be assessed by the Insurer for both TPD and SCI payments. For more information, consult the 'Insurance and your super' brochure available at www.gesb.com.au/pib.

What else do I need to know and where can I find more information about TPD insurance?

- Other limits and conditions may apply to TPD insurance.
- Where a claim for TPD is paid, the value of Death cover that exceeds the value of the TPD benefit will continue. Similarly, where a terminal illness benefit is paid, the value of TPD cover which exceeds the value of the terminal illness benefit paid will continue.
- Claims for payment of TPD benefits should be made within a reasonable period of time of you ceasing work, as it assists the Insurer with making an assessment of your claim.
- If you do not lodge a claim within two years of ceasing employment due to TPD, your ability to access the Superannuation Complaints Tribunal may be impacted.
- For more information about insurance within your super account, see the 'Insurance and your super' brochure which is available at www.gesb.com.au/pib.

* GESB provides members access to insurance cover through the Insurer, AIA Australia Limited (ABN 79 004 837 861 AFSL 230043)

Definitions for Total and Permanent Disablement

The definition of Total and Permanent Disablement is different depending on the hours you work in the 13 weeks immediately prior to you ceasing work as a result of total disability.

Permanent employees and fixed-term contractors, **working LESS than 15 hours** per week and all casual and sessional employees.

Activities of daily living definition

Total and Permanent Disablement means:

- a) While insured under this Policy, you have been (for a period of three consecutive months after the occurrence of the illness, accident or injury) continuously, totally and permanently unable to perform at least two of the following activities of daily living, as certified by a registered medical practitioner appointed by the Insurer, and provided such continued inability is irreversible as certified by that registered medical practitioner:

Bathing - The ability to wash yourself either in the bath or shower or by sponge bath without the standby assistance of another person.

Dressing - The ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person.

Eating - The ability to feed yourself once food has been prepared and made available, without the standby assistance of another person.

Toileting - The ability to get to and from, and on and off the toilet, without the standby assistance of another person and ability to manage bowel and bladder functions through the use of protective undergarments or surgical appliances, if appropriate.

Transferring - The ability to move in and out of a chair without the standby assistance of another person.

OR

- b) while insured under this Policy, you have suffered the total and irrecoverable loss of the
- sight of both eyes; or
 - use of two limbs; or
 - sight of one eye and use of one limb, where limb is defined as the whole hand or whole foot.

Permanent employees and fixed-term contractors, **working AT LEAST 15 hours** per week.

Standard definition

Total and Permanent Disablement is where you:

- a) while insured under this Policy, as a result of injury, sickness or disease
- have not performed any work for an uninterrupted period of at least three consecutive months, solely due to the same injury, sickness or disease; and
 - are attending a registered medical practitioner and have undergone all reasonable and usual treatment including rehabilitation for the injury, sickness or disease; and
 - after consideration of all medical and such other evidence as the Insurer may require, have become in the Insurer's opinion, incapacitated to such an extent as to render you unlikely ever to be able to engage in your own occupation and any occupation for which you are reasonably suited by education, training or experience.
- OR**
- b) while insured under this Policy, have suffered the total and irrecoverable loss of the
- sight of both eyes; or
 - use of two limbs; or
 - sight of one eye and use of one limb, where limb is defined as the whole hand or whole foot.

SALARY CONTINUANCE INSURANCE

Salary Continuance Insurance (SCI) provides a monthly benefit for up to two years if you become disabled due to injury or sickness. Payment is dependent upon you meeting certain definitions and satisfying a waiting period.

How is the waiting period defined and how long must I wait before I can make an SCI claim?

A waiting period refers to the amount of time you have to wait after being certified by a registered medical practitioner as being totally disabled and ceasing work due to that condition. If your SCI claim is approved, you are only entitled to a monthly income payment once the waiting period has expired (payable monthly in arrears).

The default waiting period is 90 days but you may have chosen from one of the five options - 30, 60, 90, 120 and 180 days - when you first took up your insurance. You should check your member statement or call your Member Services Centre on 13 43 72.

If SCI benefits are payable to you and the same injury or sickness recurs within 12 months of a previous absence, no waiting period will apply.

Leave without pay (LWOP)

You can continue your SCI cover automatically, for up to 24 months without approval from the Insurer, if you are on leave without pay. The Insurer must approve any continuation of more than 24 months.

If you become disabled during a period of leave without pay or whilst on maternity leave, any SCI monthly income payment will be calculated using your pre-disablement income prior to the date you went on approved leave without pay or maternity leave. The Insurer will not pay a benefit until the later of the expiry of the waiting period and the scheduled date that you are expected to return to work.

Reductions to the amount of SCI benefits payable

You should be aware that any SCI benefit that is payable to you in relation to illness or sickness will be reduced by any amount which is paid or required to be paid under:

- Workers' Compensation, social security, transport accident compensation or similar legislation; or
- Other salary continuance or income protection benefits from other insurance companies; or
- Any eligible sick leave entitlement.

If you continue to receive income from your employer whilst receiving SCI benefits, these amounts will also offset any SCI benefit entitlements. If any of these above payments are in the form of a commuted lump sum, the value of these payments will be converted to an equivalent monthly payment deemed to be 1/60th of the lump-sum payment. This will be offset against any SCI benefit payable.

Definitions for Salary Continuance Insurance

To claim against your SCI cover you must meet the definition of Total Disability or Partial Disability (see below). The definition is different depending on the hours you work in the 13 weeks immediately prior to you ceasing work as a result of total disability.

Members **working LESS than 15 hours** per week.

Any Occupation Total Disability definition

Total Disability means that solely as a result of injury or sickness you:

- have been incapacitated to such an extent as to render you unable to engage in your own occupation or any occupation for which you are reasonably suited by education, training and experience; and
- remain under the regular care, attendance and following the advice of a registered medical practitioner in relation to that injury or sickness; and
- are not engaged in any occupation, whether paid or unpaid.

Any Occupation Partial Disability definition

If you are assessed as being partially disabled beyond the waiting period and have been totally disabled for at least 7 out of 10 consecutive days, a Partial Disability benefit will be payable. Partially Disabled means that solely due to the sickness or injury which directly caused the Total Disability, you:

- remain under the regular care, attendance, and following the advice of a registered medical practitioner in relation to that sickness or injury; and
- are able to perform one or more important duties* of your own occupation or any occupation for which you are suited by education, training and experience, but unable to perform all the duties; and
- are earning an income from your own occupation or another occupation at a monthly rate of less than your pre-disability income; or
- are capable of working whether paid or unpaid.

The Insurer will notify you of the amount of the Partial Disability benefit payable.

Members **working AT LEAST 15 hours** per week.

Standard Total Disability definition

Total Disability means that solely as a result of injury or sickness you:

- are unable to perform one or more important duties* of your own occupation; and
- remain under the regular care, attendance and following the advice of a registered medical practitioner in relation to that injury or sickness; and
- are not engaged in any occupation, whether paid or unpaid.

Standard Partial Disability definition

If you are assessed as being partially disabled, beyond the end of the waiting period and have been totally disabled for at least 7 out of 10 consecutive days, a Partial Disability benefit will be payable. Partial Disability means that solely due to the injury or sickness which directly caused the Total Disability, you:

- remain under the regular care, attendance and following the advice of a registered medical practitioner in relation to that injury or sickness; and
- are able to perform one or more important duties* of your own occupation, but unable to perform all of the duties; and
- are earning an income from your own occupation or another occupation at a monthly rate of less than your pre-disability income; or
- are capable of working whether paid or unpaid.

The Insurer will notify you of the amount of the Partial Disability benefit payable.

*An important duty is one that involves 20% or more of your overall tasks.

Simultaneous assessments for SCI and TPD

When you contact your Member Service Centre to discuss a potential SCI claim, a Member Services consultant will ask you a series of questions. The answers you provide may lead to a claim for Total and Permanent Disablement (TPD) also being made in addition to the SCI claim. It is then possible that your case will be assessed by the Insurer for both TPD and SCI payments.

Your responsibility and SCI 'progress reports'

SCI benefits are paid subject to the completion of regular updates called 'progress reports'. You are required to provide your progress reports to the Insurer before the monthly deadline they have stipulated. Don't wait until the deadline date to send your form as you may find that your SCI benefit payments are delayed.

What else do I need to know and where can I find more information about SCI?

- Other limits and conditions may apply to SCI.
- For more information, please see the 'Insurance and your super' brochure at www.gesb.com.au/pib or call your Member Services Centre on 13 43 72.

IN THE EVENT OF YOUR DEATH

We require your membership number to identify your account, so please ensure your legal personal representative and/or your next of kin know where to find it.

Once we have been notified of your death, we will send a letter that explains the documentation we require to process the claim. Once it has been determined that the insurance benefit is payable, we write to your legal personal representative or beneficiary to advise the amount of the entitlement and to explain the process for making an application for the benefit to be paid.

The process of administering a full death benefit payment can be lengthy. Often the insurance component of the pay out (if any) is paid to your super account relatively early in the process. Therefore, this benefit is treated in the same way as your super and is invested in your nominated investment plan. This allows the insurance benefit to accumulate potential investment returns while the death benefit claim process is managed to completion. If you have not nominated a preferred investment plan, your benefit will be invested in the Balanced Growth plan, the default investment plan for GESB Super, or the Balanced plan, the default investment plan for West State Super.

WHAT DO YOU NEED TO DO NOW?

Notify your employer that you plan to make a claim. Employers are integral to the claims process so ensure they have been notified that GESB will be contacting them for information.

GESB INSURANCE CLAIMS PROCESS

Call GESB on 13 43 72.

- We ask you a series of questions to assess your situation.
- You decide if you would like to make a claim.

We send you a GESB claims pack in the post which includes:

- Member claim form
- Employer form
- Medical Attendant Statement.

You can lodge a claim via Member Online at gesb.com.au. Click on 'Your insurance' choose 'Make an insurance claim or update my claim' and follow the prompts.

- You need to:
- Provide details of your claim.
 - Ask your employer to complete the employer form.
 - Forward the Medical Attendant Statement to your doctor.

Note: We cannot process a claim until all relevant paperwork has been received either as hard copies that you post or uploaded documents through Member Online.

The Insurer assesses your case and responds to GESB.

Note: The assessment process can take as long as three months. Often this is because paperwork is not promptly returned to GESB.

You may receive a 'Fairness letter' from GESB. This explains the Insurer's assessment and identifies all other information that is required of you to assist the Insurer in making a final decision.

You have 28 days within which to advise GESB of your intent to provide additional information in order for your claim to be further assessed.

SCENARIO #1:

If we do not hear from you within 28 days of the date of the 'Fairness letter', you will be sent a further letter advising you of the final decision and that your case has been closed.

The claims process ends.

A claim in relation to TPD:

You will receive a 'Benefit access' form.

Next step: Complete the 'Benefit access' form. Return it to GESB with any additional information required. See 'Accessing your super' fact sheet. This explains conditions of release that must be satisfied before funds can be accessed.

SCENARIO #2:

You respond to the 'Fairness letter' within 28 days and your claim is further assessed using the additional information provided. You are notified that your claim has been declined.

A claim in relation to SCI:

You will receive a letter from the Insurer with details of your monthly benefit and a 'Progress' form and a medical attendant statement (if applicable).

Next step: Complete the 'Progress' form and return to the Insurer by the date stipulated to ensure you receive your monthly benefit payments.

SCENARIO #3:

You respond to the 'Fairness letter' within 28 days and your claim is further assessed using the additional information provided. You are notified that your claim has been accepted.

A claim in relation to Death:

Your legal personal representative and/or next of kin will receive a letter from GESB advising them when payment will be made into your super account or requesting more information. We will also advise them what needs to be done before we can release the benefit payment to them.

Next step: Make sure your legal representative/next of kin know where all your personal papers are kept. They will likely need this information for payments to be released.

For West State Super members only:

If your claim for Death or TPD was declined, your case may be referred for further assessment under the Statutory Insurance Arrangement.

How to contact us

Member Services Centre 13 43 72 Facsimile 1800 300 067 gesb.com.au
 PO Box J 755, Perth WA 6842 Level 4 Central Park, 152 St Georges Terrace, Perth