Applying for Income Protection payments

This fact sheet explains the process you need to follow when applying for Income Protection insurance payments.

**What is Income Protection cover?**
Income Protection helps protect your income in the event you’re unable to work due to total or partial disability.
You’ll receive monthly payments based on your maximum Income Protection benefit payment period of up to two years or up to age 65.
When you apply for Income Protection payments, your application is assessed by AustralianSuper and our Insurer*. We’ll do our best to get a decision about your application as quickly as possible.

**How much will you be paid?**
If your application for Income Protection payments is accepted, how much you’ll be paid depends on the level of cover you have with us and if you’re receiving any other payments at the same time.

Generally, your monthly payment will be the lesser of:
› $500 for each unit of Income Protection cover you have, or
› Up to 85% of your salary (75% salary + 10% super) subject to a maximum of $30,000 a month.
Income Protection payments of up to 75% of your salary are paid directly to you. Any additional payments of up to 10% will be paid to your AustralianSuper account.

**What happens if you’re receiving any other payments?**
Your monthly Income Protection payment may be reduced by the amount of income you’re getting from other sources such as workers’ compensation, sick leave payments and amounts payable under other Income Protection policies (if you claim from both policies at the same time). It may also be reduced by the amount of income earned from working elsewhere or any income the Insurer reasonably expects you to earn if you’re able to restart work at reduced hours while disabled and claiming payments.

**What is the waiting period?**
The waiting period is the minimum time you must wait from when you are certified as being unable to work due to illness or injury, to the time you start receiving income protection benefit payments (as long as you are eligible).
For more information about your waiting period see our Insurance in your super guide for your division at: australiansuper.com/InsuranceGuide

**Returning to work during the waiting period**
After you’ve completed the initial 14 day period (where you’ve been totally disabled), you can return to work at full capacity for up to 5 days in a row without your waiting period starting again. The number of days you returned to work will be added to the end of your waiting period.

**What will it cost to lodge a claim?**
You’ll need to pay the cost of getting the initial Medical Attendant’s Statement completed by your treating doctor or specialist. Then, if the Insurer asks for a progress medical report you may also need to pay the cost of getting the report completed.

**Your Claims Assessor**
When you contact us to tell us you want to apply for an Income Protection payment, you’ll be assigned a Claims Assessor. The role of your Claims Assessor is to help you understand the process and to look after your application from start to finish. Your Claims Assessor will work with you to make sure we receive all the required information so that your application can be processed as smoothly as possible.

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* For most members the Insurer is TAL Life Limited.
Your Claims Assessor will confirm if your insurance policy is with another Insurer and the steps you may need to follow.
How to apply for Income Protection payments

The steps below outline what’s involved in submitting, assessing and processing your application for Income Protection payments.

1. Contact AustralianSuper

› Tell us you wish to apply for Income Protection payments by calling us on 1300 667 387. You’ll need to provide the date you last worked and the date of injury or diagnosis of your condition.
› We’ll set up a phone interview for you with a Claims Assessor to check if you’re eligible to apply. Your Claims Assessor will guide you through the steps you need to take and send you the forms and list of documents you and your doctor need to complete to get the process underway (these are listed in Step 2). Your employer will also need to provide us with relevant information before your application can be assessed.

2. Submit your application

Complete the forms we send you and return them to your Claims Assessor along with all the necessary supporting documents. These include:

☐ Claim for Income Protection Disablement Benefit (Member Statement) – to be completed and signed by you
☐ Claim for Income Protection Benefit (Medical Attendant’s Statement) – to be completed by your treating Doctor describing the nature and extent of your disability or illness
☐ Electronic Funds Transfer form
☐ Tax File Number (TFN) Declaration form
☐ a certified copy of your birth certificate, driver’s licence or passport to show proof of age
☐ any existing medical reports you have, and
☐ any other evidence that may support your application including:
  › completed employer’s statement
  › evidence of your income to confirm your pre-disability earnings such as copies of recent payslips from before you stopped work.

3. Assessing the application

The Insurer will assess your application and make a decision about whether you’re eligible to receive Income Protection payments. The Insurer may ask for additional information or for a progress medical report from your doctor.

4. Receiving payments

› If your application is accepted, you’ll be notified by the Insurer.
› The Insurer will deduct PAYG tax before paying you a monthly payment in arrears.
› You’ll receive a payslip with each payment and at the end of the financial year you’ll receive a payment summary.
› Up to 10% of your salary will be paid to AustralianSuper and will count towards your before-tax contribution cap.
› While receiving your Income Protection payments, you won’t be charged the costs of Income Protection cover.

5. Ongoing eligibility

Accepted applications continue to be assessed on a monthly basis (and paid in arrears). You and your doctor will need to complete a monthly report for the Insurer to show that you’re still eligible to receive the Income Protection payment.

How to get your documents certified

A certified copy of a document is one that’s been verified by an authorised person as being a true and correct copy of the original. Follow these steps to get your documents certified.

1. Go to your local police station

Take both the ORIGINAL and a photocopy of your CURRENT driver’s licence, passport or birth certificate and the other documents needed to your local police station. If you are using your driver’s licence, you’ll need to photocopy BOTH sides.

Other places to certify documents

If you can’t get to a police station, there are a number of other people who can certify your documents for you. These include dentists, vets, bank branch managers, accountants, teachers and pharmacists.

2. Ask them to certify your documents

To certify your documents, the authorised person needs to compare the photocopy to the ORIGINAL and include the following details on the copy:

› stamp or write ‘This is a true and correct copy of the original’
› their qualification (such as police officer)
› their name
› their address and phone number, and
› their signature and the date it was signed.

Your responsibilities

Once you’ve submitted an application for insurance payments, it’s very important that you keep your Claims Assessor informed of any changes to your circumstances.

You’re required by law (duty of disclosure) to answer all questions truthfully and include any information which may affect the assessment of your application. Some examples include:

› change in contact information such as your address or phone number
› returning to work in either a part-time or full-time capacity
› claiming payments from another source such as workers’ compensation or compulsory third party insurance
› any issues or concerns that you have about the assessment process.
More information about your insurance policy

Extended waiting period
Do you have two Income Protection insurance policies? If you do, it generally doesn’t mean you get paid twice as much if you make a claim. But with AustralianSuper you can extend our waiting period while you’re receiving benefit payments from another policy. This means you may get payments from us after payments from your other insurance provider stop.

Except for Public Sector Division members, if you want to extend your waiting period:

› you must tell us before the end of your chosen waiting period of your intention to receive insurance payments from the other policy first, and

› you must continue to be disabled in order to receive payment.

For Public Sector Division members who want to extend your waiting period:

› you can notify us at any time of your intention to receive insurance payments from the other policy first, and

› you must continue to be disabled in order to receive payment.

If you have Income Protection cover through another Fund or Insurer, please tell your Assessor during your initial interview as this may affect your decision to apply.

Rehabilitation service
If you become disabled, the best outcome is that you recover and are able to earn your full income for the rest of your career. That’s why we may ask you to take part in our Insurer’s rehabilitation service if you become disabled.

This may include training, retraining or re-skilling to help you return to work. The Insurer will pay the cost of this service direct to the service provider. If you refuse to take part in the rehabilitation service or delay your participation in it – your payments may be reduced.

If you think you might be eligible to have these types of expenses paid for, please mention this to your Claims Assessor in the interview process.

What happens if your application is declined?

If the Insurer determines that your application is declined this generally means that the Insurer does not regard you as having met the conditions for Income Protection payments. In this instance your application will be referred to the AustralianSuper Trustee. The Trustee’s job is to make sure the Insurer’s decisions are reasonable and meet the conditions set out in the Group Life Policy and AustralianSuper’s Trust Deed. You’ll be contacted with the outcome of the Trustee’s meeting and given a reason for the decision.

What if you’re not satisfied?

If your application is declined and you disagree with the decision, or if you’re not satisfied with the way your claim has been managed, you may lodge a complaint in writing with AustralianSuper. Your complaint will be investigated and a response provided to you as quickly as possible, but responses may take up to 90 days.

If you’re not satisfied with AustralianSuper’s response or handling of your complaint, you may contact the Superannuation Complaints Tribunal (SCT). The SCT is an independent body set up by the Federal Government to assist members (or their beneficiaries) to resolve certain superannuation complaints. The SCT may be able to help you resolve your complaint, but only after you have used AustralianSuper’s complaints handling process.

You can contact the SCT on 1300 884 114 for more information or visit their website at sct.gov.au

To make a complaint, write to:
The Complaints Officer
AustralianSuper
Locked Bag 999
Carlton South VIC 3053

Contact us
Call 1300 667 387
(8.30am to 5pm AEST/AEDT weekdays)
Email claims@australiansuper.com
Web australiansuper.com
Mail AustralianSuper Insurance
GPO Box 1901, Melbourne VIC 3001

This fact sheet was issued in November 2016 by AustralianSuper Pty Ltd ABN 94 006 457 987 AFSL 233788, Trustee of AustralianSuper ABN 65 714 394 898, and is a summary of the main features of insurance cover for AustralianSuper members. Further details are available in the Insurance in your super guide for your division at australiansuper.com/InsuranceGuide

Benefits will only be paid in accordance with the Trust Deed and Rules of AustralianSuper and the Group Life Policy in force at the relevant time.