

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

Things to consider

There are some pre-requisites, identified by the Insurer¹, which you will need to satisfy and consider when 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. 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 certain definitions. See the applicable '**Insurance and your super**' brochure for the definitions.

Insurance benefits are paid to your super account and can be accessed when conditions of release are satisfied.

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 24 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 TPD or Death 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. 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 our RI Allocated Pension or an annuity. For more information see the '**Accessing your super**' brochure available at gesb.wa.gov.au/brochures or call your Member Services Centre on 13 43 72.

How do I apply for simultaneous assessments for TPD and Salary Continuance Insurance (SCI)?

When you contact your Member Services 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 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, refer to the '**Insurance and your super**' brochure available at gesb.wa.gov.au/brochures.

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 gesb.wa.gov.au/brochures.

¹ We provide members access to insurance cover through our 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 worked in the 13 weeks immediately prior to you ceasing work as a result of being totally and permanently disabled.

See the **'Insurance and your super'** brochure at gesb.wa.gov.au/brochures for more information.

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 the same injury or sickness recurs within 12 months of a previous absence, no waiting period will apply and SCI benefits will continue for up to two years in total.

Leave without pay

You can continue your SCI cover for up to 24 months without approval from the Insurer, if you are on leave without pay. You can do this by completing the leave without pay declaration. 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 injury 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. The definition is different depending on the hours you worked in the 13 weeks immediately prior to you ceasing work as a result of total disability.

See the **'Insurance and your super'** brochure at gesb.wa.gov.au/brochures for more information.

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 gesb.wa.gov.au/brochures or call your Member Services Centre on 13 43 72

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.

In the event of your death

In the event of your death, your membership number is used to identify your account. To prevent delay 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 will 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.

Processing a death benefit payment can be quite lengthy. It is often the case that the insurance component of the payout (if any) is paid to your super account relatively early in the process. The insured component of your benefit is treated in the same way as your super balance.

From 1 August 2013, once we have received formal notification of death², the existing account balance and any insured amounts received will be invested in the 'Cash' investment plan. This is done to provide greater certainty as to the benefit amount payable. If the death benefit has not been paid at the date a Grant of Probate or Letters of Administration are issued, the executor or administrator has the right to choose which investment plan(s) the benefit is invested in until payment occurs. For more information, see the **'Accessing your super'** brochure available at gesb.wa.gov.au/brochures.

² Certified copy of Death Certificate, Coroner's report, autopsy report, inquest finding, or a medical certificate completed by a registered medical practitioner.

Our insurance claims process

