

Understanding the insurance claims process



West State Super and GESB Super

To request this document in an alternative format such as Braille, call us on 13 43 72 or use our Live chat service at gesb.wa.gov.au.

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 understand the duration of any applicable waiting period
- Make sure you have completed the relevant documentation and provided the evidence requested by the Insurer
- Consider the impact if you cease your current employment arrangement 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 our '**Insurance and your super**' brochure available at gesb.wa.gov.au/brochures 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 our 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 our '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 delay lodging your claim, this could impact the time in which you have to seek relief from the Australia Financial Complaints Authority (AFCA). Refer to the AFCA website at afca.org.au for further information
- 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

Definitions for Total and Permanent Disablement

To claim against your TPD cover, you must meet the definition of Total and Permanent Disability.

See our '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 five options – either 30, 60, 90, 120 or 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 to confirm your waiting period.

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 while 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. From 1 October 2019, if you are on leave without pay and eligible for an SCI benefit, benefit payments will commence on the date after the expiry of your waiting period.

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 (see further information about this below), or
- Any eligible sick leave entitlement

If you continue to receive income from your employer while 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.

If you are Totally Disabled and hold income protection type cover with another insurer, there will not be an offset of any amount which is paid or required to be paid by that policy except to the extent that the income replacement or compensation amounts from all sources (including the benefit otherwise payable to you and any Benefit Offsets) is more than 75% of your Pre-Disability Income.

If you are Partially Disabled and hold income protection type cover with another insurer, there will not be an offset of any amount which is paid or required to be paid by that policy except to the extent that the income replacement or compensation amounts from all sources (including the benefit otherwise payable to you and any Benefit Offsets) is more than 100% of your Pre-Disability Income.

Definitions for Salary Continuance Insurance

To claim against your SCI cover you must meet the definition of Total Disability or Partial Disability.

See our '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 their specified monthly deadline. 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 member number is used to identify your account. To avoid delays, 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.

Once we've 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 there is no valid binding death nomination in place, and once a Grant of Probate or Letters of Administration have been issued, the executor or administrator can choose which investment plan(s) the benefit is invested in until payment occurs. For more information, see our '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 medical practitioner.

Our insurance claims process

Call us 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 You can complete a claim electronically or by paper If you choose to make an electronic If you choose to make a paper claim, we will send you a claims claim, we will send you an email with pack in the post which includes: a link to the Insurer's eClaims portal. Member claim form **Employer Statement** Medical Attendant Statement You need to: Provide details of your claim Ask your employer to complete the Employer Statement 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 by post or uploaded documents through the Insurer's eClaims portal.

Note: the claim process can take as long as six months. Often this is because paperwork is not promptly returned to us.

The Insurer assesses your case and responds to us.

You may receive a 'Fairness letter' from us. 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 us 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 your case will be closed.

The claims process ends.

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.

Scenario #3:

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

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.

A claim in relation to TPD:

You will receive a 'Benefit access' form.

Next step: complete the 'Benefit access' form. Return it to us with any additional information required. See the 'Accessing your super' brochure for an explanation of the conditions of release that must be satisfied before funds can be accessed.

A claim in relation to SCI:

You will receive a letter from the Insurer with details of your monthly benefit, a 'Progress report' and Medical Attendant Statement (if applicable).

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

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.

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