

How to claim a terminal illness benefit

This guide will help you understand how to apply for payment of your super and any insurance due to terminal illness.

We understand this can be a difficult time and aim to make the claim process smooth and simple. We're here to help you understand what you need to do and make sure you're informed from beginning to end.

Further information can be found in the relevant *Insurance Handbook* and Product Disclosure Statement (PDS) available at [aware.com.au/pds](https://www.aware.com.au/pds)

What to expect in this guide

1 How we work with you

An overview of the service you can expect from us.

2 Our claims process

The five steps to assess your claim and reach an outcome.

3 Your questions answered

Have questions? You might find the answer here.

1 How we work with you

We'll connect you with your Aware Super case manager, who will oversee your assessment and keep you updated. We can also help you complete the forms over the phone and give you tips on how to find any supporting documents you need.

Generally, the easiest way to speed up your claim is to provide all requested documents with your application and to respond to requests quickly. If you have any questions or concerns, just give us a call or email us – we're here to help.

2 Our claims process



Contact us



Claim paperwork



Claim assessment



Claim decision



Outcome

Contact us

- There are several ways you can start your terminal illness claim:
 - Access your Aware Super *Member Online* account and select “Make a claim” on the insurance summary page. Once you select to make a terminal illness claim from the menu, the claim forms will be available to download. You will need to complete these forms and send them to us, or
 - Call us on **1300 650 873**, Monday to Friday 8:00am to 7:00pm (AEST/AEDT), or
 - Request a call back online at **aware.com.au/contact**
- You’ll need to have your super account information ready, including your member number, account number, and date of birth. We may also need to ask for information relating to your diagnosis, including your estimated life expectancy as advised by your medical practitioner. This information will help us provide you with the right information on what you need to do next.
- If you prefer to call, we can answer any questions that you may have. We’ll also help you get started by posting or emailing the forms to you.

Claim paperwork

- Your claim pack will generally include forms that you and two separate medical practitioners (including a specialist practising in the area relating to your illness or injury), will need to complete. You’ll also need to provide proof of your identification to lodge the claim.
- We can only assess your claim once we have all the necessary paperwork.
- Some of your documents may need to be certified. To check how to certify a document go to **aware.com.au/verify** or read the claim form provided in your claim pack.
- In the claim form, you can nominate a representative who can act on your behalf in relation to this claim.

Claim assessment

- When you return your completed paperwork, we’ll check to make sure we have everything we need. If there is something missing or incomplete, we’ll let you know.
- Once we have everything, we’ll start assessing your claim to determine if your super can be released on the grounds of meeting the terminal medical condition of release.
- If you have death/terminal illness insurance cover linked to your super account, we’ll submit your claim to the insurer, who will allocate an insurance case manager to look after you while your claim is being assessed.
- The insurer may contact you or your treating doctor(s) for further information. Your insurance case manager will let you know if this is the case.

Claim decision

- We’ll determine whether we can accept your claim to release your super early.
- If you have submitted an insurance claim, the insurer will decide to accept or decline your claim and will let us know the outcome.
- We’ll review the insurer’s decision to ensure its fair and reasonable, and that it meets the insurance policy terms and conditions.

Outcome

- We’ll let you know once there’s a decision made about your claim (including any insurance claim).
- If your claim is approved and we have your payment instructions and proof of identification, we’ll go ahead and pay your benefit. If you’ve asked for a cash payment, the money will be paid directly to your nominated bank account using electronic funds transfer (EFT).
- If your claim is declined, we’ll let you know the reason for the decision and will provide you with details on what you can do next.

We’ll work with you to make this claim as easy as possible.



3 Your questions answered

What is a terminal illness benefit?

You can apply for your super to be released early on the grounds of a terminal medical condition if two registered medical practitioners have certified that you suffer from an illness, or have incurred an injury, that is likely to result in your death within 24 months. One of the medical practitioners must be a specialist practicing in an area related to your illness or injury.

If you meet the terminal medical condition of release, you can potentially access:

- your super account balance, and
- any death cover (insured benefit) early – a maximum of \$5 million applies, even if your death cover is higher.

Any death cover you receive early is subject to assessment and approval by the insurer. Any insured benefit you receive will be calculated using the latest of the dates on the certificates provided by the medical practitioners.

To find out if you have death/terminal illness cover, log into Member Online and go to your Insurance summary page or call us on **1300 650 873**.

If you decide to withdraw your full super account balance before the potential approval of any insured amount, your account will be closed and you'll lose the insurance attached to it.

If you've closed your account, you won't be able to make a terminal illness insurance claim in the future. This is because the death/terminal illness cover must be in force at the date your doctor and specialist provide their life expectancy certification.

You can keep your insurance active while the insurer assesses your claim. To do this you'll need to keep your super account open with enough money to pay the insurance premiums and account keeping fees.

For more information about terminal illness benefits, read the relevant *Insurance Handbook* at aware.com.au/pds

How long does a decision take?

It generally takes five business days to review your claim paperwork and decide next steps. If we don't have all the information we need, your claim can't progress.

We will assess your claim as quickly as possible. Your case manager will update you regularly on how your claim is progressing, and you can also contact them at any time.

Will there be costs for medical reports?

You are responsible for any costs required to complete the claim forms and any documents that we reasonably request for assessment of your claim. You may also need to provide other evidence that the insurer reasonably requires to substantiate your claim. This would be at your own expense.

How will any insured benefit be invested?

If your terminal illness insurance claim is approved, we'll invest your benefit in the Cash investment option within your super account. You can switch your investment option(s) for your current balance and future contributions at any time. Complete this via your online account or the app, or by completing the *Investment choice (superannuation)* form at aware.com.au/forms

Are there any financial or tax implications?

If your claim is approved, you'll be eligible to receive your account balance and insured benefit (if applicable) as a tax-free lump sum payment during the period you are certified to be terminally ill (also known as your 'certification period').

You can access any money remaining in your account after your certification period at any time, though it may not be tax-free. You won't be able to withdraw any benefits that accrue after your certification period, such as new contributions and investment earnings, until you meet a condition of release.

Please consider getting independent financial advice before you make any decisions about your payment.

For more information about tax on terminal illness benefits read the *Super Handbook* at aware.com.au/pds



Defined benefit accounts

If you have a defined benefit account, there are certain rules relating to the payment of benefits. Depending on your category of membership, you may have other payment options available to you. Read the relevant defined benefit factsheet at aware.com.au or speak to your Aware Super case manager for further information.

What happens if the insurer declines my terminal illness claim?

If the insurer has reached an initial view that the insurance claim should be declined, they will write to you, and us, with a copy of all the evidence they will be relying on to reach their decision and an explanation,

referring to the evidence and the insurance policy, as to why they have reached this view.

There will be a 28-day period for review of the proposed decision, during which you can clarify or provide any additional information you wish the insurer to consider. At the end of the 28-day period the insurer will again assess the claim, including any additional information provided, and reach a final decision, which will be advised to the Trustee.

We will review the decision and if we disagree, we'll ask for clarification or challenge the decision on your behalf. In some cases, we may need to ask for more information to support the claim. If we agree with the insurer's decision, we'll write to you with the decision, and advise the further steps you can take if you disagree.

Where you're not satisfied with the final decision, you can submit a complaint to us. If the complaint is not resolved to your satisfaction, you can contact the Australian Financial Complaints Authority (AFCA). AFCA is an independent body set up by the government to help resolve complaints relating to superannuation, including the payment of terminal illness benefits. We'll provide further details about this process and AFCA's contact details if required.

Do I need legal representation?

We cannot advise you on legal issues that may arise out of your claim. It may become necessary for you to obtain legal advice. This is entirely up to you. However, please be aware that:

- your Aware Super case manager will help you through each step of the process
- we have a legal obligation to act in the best interests of our members
- all claims are assessed on a fair and reasonable basis
- you will need to pay for the costs involved in having your own legal representative.

Can I nominate someone to act on my behalf?

You'll need to provide written consent for a representative to give us instructions on your behalf. You can do this on your claim form. You may also contact a solicitor or public trustee for information about appointing a power of attorney (POA). If you already have a POA, they must provide certified copies of both their identity and the POA document before they can act on your behalf.

What are everyone's roles and responsibilities?

We, as the trustee will*:

- assign an Aware Super case manager to the claim who will:
 - explain the claim process to you and help guide you through it
 - answer any queries you might have
 - keep you updated on the progress of your claim.
- oversee the claim assessment process to minimise any delays
- oversee the conduct and timeframes of the insurer and other service providers
- complete an independent review if the insurer declines your claim, to check the decision is fair and reasonable
- pay you your super balance and any terminal illness insured benefit (if applicable), if you meet the terminal medical condition of release.

The insurer will*:

- assign an insurance case manager to your claim who will:
 - explain the insurer's assessment process to you and answer any queries you might have
 - be your main claim contact while your insurance is being assessed
 - keep you updated on the progress of your insurance claim.
- review the documents and request more information if needed
- assess if a terminal illness insured benefit is payable based on the policy terms and conditions
- if approved, pay the terminal illness insured benefit to your Aware Super account
- notify you if they are likely to decline your claim. They will give you the necessary information to review the decision and provide additional information for further assessment.

* In line with the standards and timeframes set out in the Financial Services Council's:

- Standard on Claims Handling for Superannuation Funds
- Life Insurance Code of Practice

We're here to help

Contact us

-  **1300 650 873**
-  **aware.com.au/contact**
-  **aware.com.au/advice**

Visit us

Come in to one of our local offices in Australia for help and advice.

aware.com.au/locations

Important information: Any advice in this document has been prepared without taking account of your objectives, financial situation or needs. Because of this, you should, before acting on any advice in this document, consider its appropriateness, having regard to your objectives, financial situation and needs. All insurance is subject to the precise terms of the relevant insurance policy, which will prevail to the extent of any inconsistency. You should obtain the relevant Product Disclosure Statement, the Insurance Handbook and Target Market Determination (TMD) and consider it before making any decision about whether to acquire the superannuation product. These documents are available on our website at aware.com.au/pds or call us and we'll send you a copy. The superannuation product is issued by Aware Super Pty Ltd (ABN 11 118 202 672, AFSL 293340) as trustee for Aware Super (ABN 53 226 460 365). The information in this document is a high-level summary only and you should refer to the Product Disclosure Statement and the Insurance Handbook. AS003 12/24