



How to make
an insurance claim

About Super Guru

Super Guru is an initiative of the Association of Superannuation Funds of Australia (ASFA), a not-for-profit organisation that aims to help achieve effective retirement outcomes for members of super funds through research and advocacy.

www.superguru.com.au

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How to make an insurance claim

1.

Contact your super fund

If you want to make an insurance claim, you should contact your fund first. A customer service representative from your fund will explain the claims procedure and send you the necessary forms and paperwork. They will help you to understand the fund's claims assessment process and will work with you to ensure that all the required information has been received and that your claim is processed as smoothly as possible.



You will need to provide the fund with any information the insurer reasonably considers necessary to properly assess your claim. This may include medical reports and employment records.

Do I need a lawyer?

Making a claim on the insurance you have in your super is much easier than you might think. Most genuine claims are straightforward and can be made directly through your super fund.

Hiring a lawyer can be expensive, and the costs can eat into the amount you eventually receive from your claim. Court cases also take up valuable time, and the outcome might not be judged in your favour, so it's worth approaching your fund first, before you sign a contract with a lawyer.

Did you know?

Super funds have staff who can help you make your claim

2.

Complete the paperwork and lodge your claim

After making your initial enquiry, you'll need to complete and submit the forms provided to you by the fund and supply information in order for your claim to be further assessed. Attach all the documents requested in the 'claims pack' sent to you and return everything to the fund.



It saves a lot of time if you provide all of the requested information and fill in the forms completely the first time. It may delay your claim if the fund has to clarify, or ask for, this information.

If you are unsure about any of the questions asked or need help to complete the form, a customer service representative from your fund will be happy to help.

3.

The fund will coordinate your claim

The fund will check your application and, if you are eligible to make a claim, will provide all of your documents and information to the insurer.

Generally, the fund will be the contact between you and the insurer.

Guru facts

Funds generally have staff available to help you complete the claims form

Super fund trustees legally have to act in fund members' best interests, including in relation to the payment of insurance claims

4.

Insurer assesses your claim

The insurer will use the information you provided when making its assessment.

They may also:

- » ask for reports from your doctor/s
- » ask you to provide more information
- » ask your employer for more information
- » make an appointment for you to have a medical examination with an independent specialist/s.

The insurer will generally pay for any additional medical reports it requests and any examinations it arranges for you to attend.

5.

Insurer will make a decision about your claim

After considering all of the medical evidence and other information, the insurer will decide whether, in its opinion, you meet the relevant definition (for example, 'TPD', for total and permanent disablement claims, or terminal illness) under the insurance policy.

The insurer will then advise the fund's trustee as to how they have assessed your claim and whether it should be accepted, deferred or declined.

Between
85 - 90%

of genuine insurance claims, on average, have been paid out

6.

Trustee reviews the insurer's decision

The trustee has a legal obligation to act in the best interests of all fund members and this means that it needs to independently review your claim and form its own opinion.

Accept

If your claim is accepted, you will receive a letter letting you know this and information on how the benefit can/will be paid.

Defer

The trustee may agree with the insurer's decision to defer your claim for a period of time to determine the full extent of your disability and whether it's permanent. Your claim will be reviewed again at the end of this period.

Decline

The trustee may agree with the insurer's decision to decline your claim. In this case, the trustee will write to you stating the reason/s why it agrees with the insurer's decision.

7.

Claim reviewed (if declined or deferred)

If your claim is declined or deferred, the trustee will review the insurer's initial decision on your behalf. If the trustee disagrees with the insurer's decision to decline or defer your claim, it may ask the insurer to reconsider the claim or ask for further medical evidence.

8.

Final decision made

When the trustee finishes this review process, your claim may be accepted or it may be deferred or declined. You will be advised by the trustee, in writing, of the decision.

What to do if your claim isn't approved

and you disagree

Making a complaint

If your claim is declined and you disagree with this decision or are not happy with how your claim has been managed, you can send your fund a written complaint. Your fund will send a response as soon as possible following an investigation into your concerns, which may take up to 90 days.

If you are not satisfied with the response or how your complaint has been managed (or you do not receive a response within 90 days), you may contact the Australian Financial Complaints Authority (AFCA).

AFCA may be able to help you resolve your complaint, however you should first try to resolve your complaint with your fund before contacting AFCA.



AFCA is a free, fair and independent dispute resolution scheme that considers complaints about financial products and services including superannuation.

AFCA will acknowledge your complaint within seven days of receiving it and then send a notice to your fund advising them of the complaint registration. In certain circumstances (for example, with complex cases or those involving mental health issues), individuals may benefit from legal representation.



AFCA offers a free, 'user friendly' alternative to going to court.

AFCA contact information:

You can ring AFCA on 1800 931 579. For more information, see www.afca.org.au.



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