Not being able to work is a scary prospect. We know you’ll want financial security, so we’ll make sure your claim is assessed as quickly as possible.

This brochure will help you understand:
- if you might qualify for a TPD payment
- how to apply, and
- what happens once you submit your claim.

1 November 2018

Insurance is issued under a group policy between Cbus and our insurer, TAL Life Limited ABN 70 050 109 450, AFSL 237848.

This information is about Cbus. It doesn’t take into account your specific needs, so you should look at your own financial position, objectives and requirements before making any financial decisions. Read the relevant Cbus Product Disclosure Statement to decide whether Cbus is right for you. Call Cbus on 1300 361 784 or visit www.cbussuper.com.au/pds for a copy.

Cbus’ Trustee: United Super Pty Ltd ABN 46 006 261 623 AFSL 233792
Cbus ABN 75 493 363 262
What’s a TPD payment?
If you have TPD cover with Cbus and are totally and permanently disabled, you may be able to get a lump sum TPD payment.

A TPD payment can be made up of:
- your super (less any fees and taxes that apply), and
- an insurance payment (based on how many units of TPD cover you have, your occupation category and your age).

Are you covered?
Most Cbus members have some TPD cover. To see if you do:
- log into your account at www.cbussuper.com.au/login, or
- check your latest statement – note that your cover may have changed since the statement was run
- call us on 1300 361 784

Your cover needs to have been in place when you became disabled – see When can you make a TPD claim? below.

If you’re over 65, you won’t be insured for this type of benefit unless you’re in our electech occupation category or you’ve chosen to extend your TPD cover to age 70. Unfortunately, you won’t have any cover through Cbus if you’re over 70.

For more information on eligibility or to learn more about when cover may stop, see the Cbus insurance guide for your membership type (Industry Super, Personal Super or Sole Trader Super), available at www.cbussuper.com.au/insurance or call us for a copy.

When can you make a TPD claim?
You can claim a TPD payment if you suffer an illness or injury that stops you from working and it’s unlikely that you’ll ever return to work.

To receive a payment, you must have had TPD cover when you became disabled and our insurer must be satisfied that you meet the definition of total and permanent disablement in the insurance policy. Generally speaking, this means:
- you’re unlikely to ever be able to work again in any job you’re reasonably suited for (based on your education, training or experience up to the time of claim assessment), or
- you can’t do certain activities anymore

Check the definition on page 6 to see if it covers your situation.

Is there a waiting period?
Usually, you’ll need to be off work because of your disability for at least three months in a row before your claim can be assessed.

But if you have a specified medical condition the insurer will assess your claim straight away, without a waiting period. These conditions are listed on pages 6 and 7.

Do you need a lawyer?
It’s entirely your decision, but you should consider:
- We’ll assist you through each step of the process.
- All claims are assessed fairly and reasonably on their merits, and most are paid.
- Timeframes and payment amounts are not influenced by legal representation.
- We have a legal obligation to act in the best interests of our members.
- Lawyers’ costs and disbursements may be considerable so you should fully understand any costs involved when you engage the services of a lawyer.

If you’re terminally ill
If you have a terminal illness with a life expectancy of 24 months or less from when it was diagnosed, you may be able to get a terminal illness payment (including an insured amount if you have cover).

Please call us for information on how to apply, as this is a different application to a TPD claim.

What if you don’t have insurance?
If you don’t have TPD cover but can’t work anymore due to illness or injury, you may be able to get access to your super because of permanent incapacity.

Your case manager will let you know if this applies to you and explain what you need to do.
Historically, we’ve approved nearly 90% of all TPD claims*

Claims Assist – here for you

We understand that if you need to make a claim you’re already going through a lot. The good news is that you don’t have to go it alone – we’re here to help in any way we can.

Our Claims Assist team will get to know your situation, talk you through the process and tell you what you need to do. If you have any concerns along the way we’ll help resolve them.

If you need some help, call us on 1300 722 152 to speak to our Claims Assist team, or you can email claimsassist@cbussuper.com.au.

*From 2002 to 30 June 2018
Fact Sheet
Applying for a TPD payment

How to apply

There are a few steps involved in making a claim, but we’ll let you know what you need to do and will keep you updated on your claim's progress. If you have any questions along the way, your case manager will be happy to help.

1: Call our claims line on 1300 722 152

During this call, we’ll talk to you about your situation and check if you might qualify for a payment. We’ll ask you about:

■■ your illness or injury
■■ the name and contact details of the employer where you last worked
■■ when you stopped working
■■ if you’d prefer to complete paper forms or a tele-claim over the phone.

We’ll then assign your case manager and send you a claim pack.

What does your case manager do?

Your Cbus case manager will help you understand the TPD process and get your claim lodged with the insurer. They’ll work with you to ensure we have all required information so your claim can be assessed as quickly as possible. Once the claim is lodged they’ll also make sure you’re kept updated.

Your case manager’s details will be in the letter we send you with your claim pack, but if you have any questions you can always call our claims team on 1300 722 152.

2: Choose how you’d like to claim

You’ll generally have two options:

■■ Tele-claim: This is the simplest way to apply for a TPD payment, as you won’t need to fill out a claim form. Instead, once you’ve provided a few initial requirements, the insurer will arrange a time to go through some questions with you over the phone. They’ll talk to you about your health, the impact on your work and will also help identify any additional information that may be needed, which can help make the claim process quicker and easier for you.
■■ Paper form: If you prefer to complete a claim form, just let us know and we’ll send it to you.

Your case manager will discuss these options with you, or you can call us on 1300 722 152 if you’d like any more information to help you choose.

3: Prepare your application

The next step is to supply some information so your claim can be assessed. Details will be in the letter we send you. You’ll need to:

■■ ask your doctor to complete a form about your condition and provide any medical reports, test results or other evidence to support your claim
■■ get a certified copy of your driver’s licence or passport
■■ sign a form so the insurer can access information needed to assess your claim (such as medical records)
■■ fill out a claim form (unless you’ve chosen our tele-claim option).

The insurer may contact your last employer to confirm how long you worked for them, the sort of work you were doing and why you stopped.

What’s a certified copy?

To certify your documents:

1. Make copies. Remember to copy both sides if your ID is double-sided (for example, your driver’s licence)
2. Take the original documents and your copies to a post office or police station. If you can’t get to a post office or police station, see our Identification requirements brochure at www.cbussuper.com.au/forms or call us to find out who else can certify your documents.
3. Ask them to certify your copies. They’ll compare your original identification with the copies and certify them.
4. Send us your certified copies. Send your certified copies to us along with any other forms and documents we asked for. Please don’t send us the originals.
4: Check your application and send it to us

Before you send us your application, make sure you’ve:

- got everything we asked for in our letter (including certified copies of your ID)
- signed any forms you needed to complete.

It saves a lot of time if you send everything at the beginning and fill out any forms completely the first time. It may delay your claim if we have to ask for more information down the track.

Sometimes doctors and employers can take a while to send through any further information we ask for, which can also cause delays. We’ll follow up with them, but a call from you may also help move things along.

5: The insurer assesses your claim

The insurer will review the information they’ve received as quickly as possible and will contact you to update progress and let you know if they need anything else to assess your claim. They may:

- ask for more information from you, your doctors or your former employer, or
- make an appointment for you to see another doctor – the insurer will pay for this, but if you miss your appointment you may have to pay a non-attendance fee

In some situations, you’ll be asked to review the information that’s being used to assess your claim. You’ll also be given the chance to provide any further medical or other evidence that could help support your claim for the insurer to consider.

6: The insurer decides and we review

Based on the information provided, the insurer will decide if they believe you meet the TPD definition in the insurance policy. They’ll advise us of their decision to accept, defer or decline your claim.

- **Accept:** If your claim is accepted and you meet a superannuation condition of release, we’ll write to you with details of your payment, asking you to confirm how you’d like to be paid. You can choose to:
  - have the whole amount paid into your bank account
  - keep some or all of the payment in your Cbus account, or
  - transfer some or all of the payment to a Cbus Super Income Stream account or another approved super fund.

- **Defer:** The insurer may decide to defer your claim for a period if they believe more time is needed to determine the full extent of your disability and whether it’s permanent. For example, they may do this if you need to have surgery, or your doctor feels your condition is likely to improve over time with treatment. They’ll review your claim again at the end of this period.

- **Decline:** If we agree with the insurer’s decision to decline your claim, we’ll write to you to explain why.

What if we disagree with the insurer’s decision?

If the insurer believes your claim should be deferred or declined, we’ll independently review your claim and form our own opinion. The role of this review is to ensure the insurer’s decision is fair and reasonable and complies with our insurance policy and trust deed.

If we disagree with the insurer’s decision, we may ask them to reconsider the claim or ask for further medical evidence.

7: We’ll tell you the final decision

At the end of the review, we’ll write to you to tell you if your claim has been accepted, deferred or declined.

If you disagree with the decision or you’re not happy with how your claim has been managed, you can ask for a review or lodge a complaint – see page 8 for details.

Your cover stops when you receive a payment

If your TPD claim is successful, you won’t have any more cover through Cbus. This means you or your family won’t be eligible for any other insurance payments (including for death, terminal illness or TPD).

Insurance premiums will stop being deducted from your account the day we receive your TPD payment from the insurer.
# What does TPD mean?

The definition that applies depends on whether you were working when you became disabled. You’ll be considered totally and permanently disabled if you meet one of these definitions:

<table>
<thead>
<tr>
<th>How TPD is defined</th>
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<tr>
<td><strong>1. You’re unlikely to return to work</strong></td>
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<td>This applies if immediately before your date of disablement you were in full-time, part-time or casual employment (or on employer-approved leave), self-employed, or unemployed for less than 12 months in a row and:</td>
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<td>• you can’t do your usual occupation because of injury or illness for three months in a row (but this waiting period won’t apply if you have a specified medical condition), and</td>
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<td>• in the insurer’s opinion you’re unlikely ever to be able to engage in any regular remuneration work for which you’re reasonably suited, taking into account your education, training and experience up to when your claim is assessed.</td>
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| **2. You can’t do everyday work activities**                                                                  |
| This applies if part 1 doesn’t apply and:                                                                     |
| • an injury or illness stops you from being able to do at least two of the following five activities without help from another adult (even if using appropriate aids) for at least 12 months in a row (but this waiting period won’t apply if you have a specified medical condition): |
| 1. **Mobility** – you can’t do one of the following:                                                         |
|   - walk more than 200m on a level surface without stopping due to breathlessness, or |
|   - bend, kneel or squat to pick something up from the floor and straighten up again and get in and out of a standard sedan car |
| 2. **Communicating** – you can’t do one of the following:                                                    |
|   - speak in your first language so that you’re understood in a quiet room and hear an instruction in your first language said in a normal voice in a quiet room (even with a hearing aid), or |
|   - understand a simple message in your first language, and relay that message to another person |
| 3. **Vision** – you can’t read ordinary newsprint and pass the standard eye test for a car licence (even with glasses or contact lenses) |
| 4. **Lifting** – you can’t lift, carry or move a 5kg object with your hands |
| 5. **Manual dexterity** – you can’t manipulate small objects with precision using your hands or fingers (such as pick up a coin, tie shoelaces, button a shirt, use cutlery or write a short note with a pen or keyboard |
| and,                                                                                                         |
| • you’ve been getting regular care from a doctor for your injury or illness, and |
| • in the insurer’s opinion you’re likely to need someone else’s help for the rest of your life to do at least two of the everyday work activities listed above, and |
| • in the insurer’s opinion you’re unlikely to ever again work in any regular remuneration work for which you’re reasonably suited, taking into account your education, training and experience up to when your claim is assessed. |

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**Specified medical conditions**

- **Blindness**
  The permanent loss of sight in both eyes, whether aided or unaided, due to illness or injury to the extent that visual acuity is 6/60 or less in both eyes or the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.

- **Cardiomyopathy**
  A condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. class 3 on the New York Heart Association classification of cardiac impairment.

- **Chronic lung disease**
  The permanent end stage respiratory failure with FEV1 test results of consistently less than one litre, requiring continuous permanent oxygen therapy.

- **Dementia and Alzheimer’s disease**
  The clinical diagnosis of dementia (including Alzheimer’s disease) as confirmed by a consultant neurologist, psychiatrist or geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration in the person’s Mini-Mental State Examination scores to 24 or less and deterioration would continue but for any effective treatment. Dementia related to alcohol, drug abuse or Acquired Immune Deficiency Syndrome is excluded.

- **Diplegia**
  The total and permanent loss of function of both sides of the body due to illness or injury.

- **Hearing loss**
  The total and permanent loss of hearing, both natural and assisted, in both ears due to illness or injury, as certified by a specialist the insurer considers appropriate.

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*The insurer may review and change these conditions from time to time, but you won’t be disadvantaged by this.*
<table>
<thead>
<tr>
<th>Specified medical conditions*</th>
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<tr>
<td><strong>Hemiplegia</strong></td>
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<td><strong>Major head trauma</strong></td>
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<td><strong>Motor neurone disease</strong></td>
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<td><strong>Multiple sclerosis</strong></td>
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<td><strong>Muscular dystrophy</strong></td>
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<td><strong>Paraplegia</strong></td>
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<td><strong>Parkinson’s disease</strong></td>
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<td><strong>Primary pulmonary hypertension</strong></td>
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<td><strong>Quadriplegia</strong></td>
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<td><strong>Severe burns</strong></td>
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<td><strong>Severe rheumatoid arthritis</strong></td>
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<tr>
<td><strong>Speech loss</strong></td>
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<tr>
<td><strong>Tetraplegia</strong></td>
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*The insurer may review and change these conditions from time to time, but you won’t be disadvantaged by this.*
Applying for a TPD payment

If you’d like a review

If you disagree with the decision on your claim, you can submit a complaint to us and have it reviewed independently by a complaints resolution officer:

1. Submit your complaint in writing
   - Write to: Cbus Complaints Officer, Cbus, Level 28, 2 Lonsdale Street, Melbourne VIC 3000
   - Submit your complaint online: www.cbussuper.com.au/complaint

2. We’ll investigate
   - We’ll investigate your complaint, making sure it’s dealt with fairly and promptly.

3. We’ll respond to your complaint in writing
   - We’ll write to you as soon as possible to report on the investigation and, if possible, the resolution of the issue.

The time it takes to deal with your complaint will depend on how complex it is. Under current laws we have up to 90 days to respond to your complaint, but we’ll aim to respond much sooner.

If you’re not satisfied with how we’ve handled your claim, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). However, we would encourage you to use the above complaints procedure through Cbus first.

AFCA is an independent dispute resolution body set up by the Federal Government to provide a free, impartial and binding dispute resolution service for financial services. If AFCA agrees to investigate your complaint, they’ll work with you and Cbus to help resolve your complaint as quickly as possible.

For more information about the types of complaints that AFCA can deal with and the information you’ll need to provide, contact AFCA:

Write to: GPO Box 3, Melbourne VIC 3001
Call: 1800 931 678
Email: info@afca.org.au
Website: www.afca.org.au

Visit www.cbussuper.com.au/complaint for more details about our complaints resolution services or go to www.afca.org.au for more information about the types of disputes that AFCA can deal with.

In limited circumstances, we may share the information you give us in your complaint with our legal advisers and other third parties. To understand how Cbus collects and discloses personal information, read our Privacy Policy and Personal Information Collection Statement at www.cbussuper.com.au/privacy.

Need some help? Contact us

1300 722 152
8am–5:30pm (AEST/AEDT) Monday–Friday

claims@cbussuper.com.au

Locked Bag 5056, Parramatta NSW 2124