Applying for a TPD payment

Total and permanent disablement









For claims with a date of disablement before 1 November 2015

This information is about Cbus Super. It doesn't account for your specific needs. Please consider your financial position, objectives and requirements before making financial decisions. Read the relevant Product Disclosure Statement (PDS) and Target Market Determination to decide if Cbus Super is right for you. Call **1300 361 784** or visit **cbussuper.com.au**.

United Super Pty Ltd ABN 46 006 261 623 AFSL 233792 as Trustee for the Construction and Building Unions Superannuation Fund ABN 75 493 363 262 (Cbus and/or Cbus Super).

Use of 'us', 'we', 'our' or 'the Trustee' is a reference to United Super Pty Ltd. Use of 'Fund' refers to Cbus Super.

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

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Not being able to work is a scary prospect. We know you'll want financial security, so we aim to assess your claim as soon as possible.

This brochure will help you understand:

- if you might qualify for a TPD payment
- how to apply, and
- what happens after you submit your claim.

Total and permanent disablement (TPD) cover provides a safety net in the form of a lump sum payment for eligible members whose working life is cut short by disability.

What's a TPD payment?

If you have TPD cover with Cbus Super and are totally and permanently disabled, you may be able to get a 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 much cover you have, your occupation category and your age).

Are you covered?

Most Cbus Super members have some TPD cover. To see if you do:

- log into your account at **cbussuper.com.au/login**
- check your latest statement – note that your cover may have changed since the statement was issued, or
- call us on **1300 722 152**.

Your cover needs to have been in place when you became disabled – see the next section on when you can claim.

If you're over 65, you won't be insured for this type of benefit unless you're in our electech occupation category. Unfortunately, you won't have any cover through Cbus Super if you're over 70.

When can you make a TPD claim?

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.

For most members, this will mean that:

- you're unlikely to ever be able to work again in any job you're reasonably fitted for (based on your education, training or experience when you became disabled for work), or
- you can't do certain activities anymore.

Check the definition on pages 6 and 7 to see if it covers your situation.

Is there a waiting period?

In most cases, 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. This is to ensure that claims are only made for serious injuries or illnesses that cause significant long-term disability, which is what TPD cover is for.

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 page 6.

Different waiting periods may apply depending on which part of the TPD definition relates to you. See pages 6 and 7 for details.

Do you need a lawyer?

It's entirely your decision, but you should consider that:

- we aim to assist you through 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, and
- Lawyers' costs and disbursements may be considerable, so you should fully understand any costs involved when you engage 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.

We will let you know if this applies to you and explain what you need to do.



We're here for you

We understand that if you need to make a claim you're already going through a lot.

Our Claims team will get to know your situation, talk you (or an appointed representative) through the process, and tell you what you need to do. If you have any concerns along the way, contact us.

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

*Average TPD claim acceptance rate in the three years to 30 June 2023.

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, contact us.

1: Call our Claims team 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, and
- when you stopped working.

After we have gathered your relevant information, we will send you a claim pack.

What does the Claims team do?

Our Claims team will help you understand the process and lodge your claim with the insurer. They'll work with you to ensure we have all the required information with the aim of assessing your claim as soon as possible.

If you have any questions, you can call our Claims team on **1300 722 152**.

2: Prepare your application

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

- complete a claim form
- 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 (both sides) or your passport
- sign a form so the insurer can access information needed to assess your claim (such as medical records).

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 working.

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 **cbussuper.com.au/cs/id** 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 (not the originals) to us along with any other forms and documents we asked for. You can send certified documents to us in the post, or provide them to us in person by visiting a front counter or contacting your local Coordinator.

3: Check your application and send it to us

Before sending us your application, make sure:

- your doctor's form is fully completed and signed
- you've got everything we asked for in our letter (including certified copies of your ID), and
- you've signed any forms you needed to complete.

It could take time for your doctor to complete the form, so you might need to schedule an appointment to see them. We recommend contacting your doctor to understand their requirements. Please note there may be an additional fee for completing this form, which will be your responsibility to cover.

When you have everything ready, please scan and email or post your completed forms to our Claims team. (Any certified copies **must** be posted or provided to us in person.)

4: The insurer assesses your claim

The insurer will review the information they've received as quickly as possible, update you on 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 last 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.

5: The insurer decides and we review

Based on the information provided, the insurer will decide if they're satisfied that 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, any insurance payment will go into your super account and we'll write to you to confirm the details and ask 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 Super 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, trust deed and super laws.

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

6: 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.

About your payment

If your TPD claim is successful, the money will go into your super account and be invested in the same investment options as the rest of your super. We'll then get in touch to let you know:

- how you can withdraw some or all of your insurance payment and super
- how withdrawals will be taxed, and
- any ongoing conditions you'll need to meet for withdrawals after 12 months from payment of the insured benefit.

Once your payment is approved, you won't have any more cover through Cbus Super. This means you or your family won't be eligible for any other insurance payments (including for death, terminal illness or TPD). But if you die within 14 days of the insurer making a TPD payment and you have more death cover than TPD, we'll pay the death cover amount less the TPD amount already paid.

Insurance premiums will stop being deducted from your account the day we receive your TPD payment from the insurer.

You should get financial advice

We recommend you seek financial advice to understand the implications for you, including how you'll be taxed. It's important to understand your options and how a TPD payment may affect other potential benefits such as Centrelink payments.

Call us on **1300 361 784** or go to **cbussuper.com.au/advice** for more information.

What does TPD mean?

The insurer will assess your claim under the definition of TPD that applies to you, and other conditions in the Cbus Super insurance policy when you claim.

The following definition applies to members with a date of disablement from 1 July 2014 and before 1 November 2015. If you have an earlier or later date of disablement, you should speak to our Claims team to confirm the definition that applies to you.

Summary of the TPD definition

The definition is broken down into six parts. The part of the definition that will apply to you depends on your circumstances at the date of disablement. To be eligible for a TPD payment, you must be an insured person at your date of disablement under the Cbus Super insurance policy.

If you are:	Parts of the definition you will be assessed against
• aged less than 65, and • engaged in regular remuneration work within the 12 months prior to the date of disablement	Part 1, part 2, part 3 or part 4
• aged less than 65 • not engaged in regular remuneration work within the 12 months prior to the date of disablement, and • on a full time basis, performing all of the duties relating to running the family home including (where applicable) looking after a dependent child or children or an invalid family member.	Part 4, part 5 or part 6
• aged less than 65 • not engaged in regular remuneration work within the 12 months prior to the date of disablement, and • not, on a full time basis, performing all of the duties relating to running the family home. This includes anyone unemployed or in the process of looking for work at the time of disablement.	Part 4 or part 5
• aged 65 or over, and • an electech member.	Part 4 or part 5

You'll be considered totally and permanently disabled if:	
Part 1 – Immediate assessment conditions	• where you are unable to follow your usual occupation as a result of suffering one or more of the below listed medical conditions, the insurer will waive any waiting period and assess your claim immediately, and • after consideration of medical or other evidence satisfactory to them, the insurer is of the opinion you are unlikely ever to be able to engage in any regular remuneration work for which you are reasonably fitted by education, training or experience. Immediate assessment conditions are: • Paraplegia • Quadriplegia • Hemiplegia • Diplegia • Tetraplegia • Cardiomyopathy • Primary pulmonary hypertension • Major head trauma • Motor neurone disease • Multiple sclerosis • Muscular dystrophy • Dementia and Alzheimer's disease • Parkinson's disease • Blindness • Loss of speech • Loss of hearing • Chronic lung disease • Severe rheumatoid arthritis • Severe burns.
Part 2 – Unlikely to return to work	For any other condition not listed above as an immediate assessment condition: • you must be unable to follow your usual occupation by reason of illness or injury for three consecutive months before the insurer will assess your claim, and • after consideration of medical or other evidence satisfactory to them, the insurer is of the opinion you are unlikely ever to be able to engage in any regular remuneration work for which you are reasonably fitted by education, training or experience.
Part 3 – Permanent impairment	You are engaged in regular remuneration work when suffering an illness or injury and, as a result of that illness or injury, you: • suffer a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication *Guides to the Evaluation of Permanent Impairment*, 4th edition, or any other recognised standard agreed to by Cbus Super and the insurer, and • are disabled to such an extent, as a result of this impairment, that you are unlikely ever again to be able to engage in any occupation, business, profession, or employment for which you are reasonably fitted by education, training or experience.

continued over

You'll be considered totally and permanently disabled if:	
Part 4 – Cognitive loss	As a result of illness or injury, you suffer cognitive loss and after consideration of medical or other evidence satisfactory to them, the insurer is of the opinion you are unlikely ever to be able to engage in any regular remuneration work for which you are reasonably fitted by education, training or experience.
Part 5 – Everyday work activities	You suffer an illness or injury, that: a) has prevented you from being able to perform at least two of the everyday work activities without assistance from another adult person, despite the use of appropriate aids, for at least 12 consecutive months, and b) since you became ill or injured, you have been under the regular care and attention of a doctor for that illness or injury, and c) in the opinion of the insurer, the illness or injury means that you are unlikely to ever again be able to perform at least two of the everyday work activities without assistance from another adult person, despite the use of appropriate aids, and d) in the opinion of the insurer, the illness or injury means that you are unlikely to ever again return to work for which you are reasonably suited by education, training or experience.
Part 6 – Home duties	You suffer an illness or injury which wholly prevents you from: a) engaging in home duties for at least six consecutive months, and b) since you became ill or injured, you have been under the regular care and attention of a doctor for that illness or injury, and c) in the opinion of the insurer, the illness or injury means that you are unlikely to ever again be able to engage in home duties without assistance from another adult person, despite the use of appropriate aids, and d) in the opinion of the insurer, the illness or injury means that you are unlikely to ever again return to work for which you are reasonably suited by education, training or experience.

What sort of work are you reasonably fitted for?

What counts as suitable work will be based on any education, training or experience you had at your date of disablement.

If you only need minimal retraining for work to be suitable, that work will be considered to be within your education, training or experience.

What does 'unlikely ever' mean?

You'll be considered unlikely ever to engage in regular suitable work if, after reviewing all available relevant information, the insurer and Cbus Super are satisfied that your prospects of being able to do this sort of work again are no better than remote or speculative. In other words, the insurer must believe there's no real chance that you'll return to work that suits your education, training or experience.

How often do you need to see your doctor?

You need to be under the regular care and attention of a doctor for your injury or illness. In most cases, this means you'd need to be seeing your doctor at least once a month, but the insurer may make an exception if it's clear that your condition doesn't require active medical management.

If relevant, your treating doctor will also provide medical evidence to help determine if your condition stops you from doing at least two everyday work activities and if this is likely to continue. The insurer may also arrange a test to measure your ability to do these tasks (known as a functional capacity evaluation) if they feel it's needed.

If you'd like a review

We strive to provide great service to our members and resolve any issues as quickly as possible. So if you're not happy with how your claim was managed or the final decision, it's important we hear from you.

1. Tell us your complaint

- Online: **cbussuper.com.au/complaint**
- Call: **1300 722 152**
- Write to: Complaints Officer
  Cbus Super
  PO Box 24231
  Melbourne 3001

2. We'll investigate

- We'll investigate your complaint, making sure it's dealt with fairly and promptly.
- We may also ask you to provide more information so we can fully understand the issues you're not happy about.

3. We'll let you know the outcome

- In most cases, we'll write to you to let you know the outcome of our review, the reasons for our decision and what else you can do if you're still not satisfied.
- If your concerns are resolved by phone within five days of receiving your complaint, we won't follow up with a written response unless you ask for one.

You can also lodge your complaint with the Australian Financial Complaints Authority (AFCA).

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

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

For more about the complaint process and the timeframes that apply, go to **cbussuper.com.au/complaint** or call us.



Need some help? Contact us

claims@cbussuper.com.au
cbussuper.com.au

1300 722 152 8am to 5.30pm (AEST/AEDT)
Monday to Friday

Visit us in person in Adelaide, Brisbane, Melbourne, Perth and Sydney.
Details: **cbussuper.com.au/contact**

Contact your local Cbus Super coordinator if you need additional support in your area.
Details: **cbussuper.com.au/coordinators**

Cbus Super, Locked Bag 5056
PARRAMATTA NSW 2124

This fact sheet is a summary, and benefits will only be paid in accordance with the Trust Deed and the full eligibility terms and conditions in the relevant insurance policy. For more information on insurance cover visit **cbussuper.com.au/insurance**.