Applying for a TPD payment

Total and permanent disablement



Factsheet: July 2026

We know you'll want financial security if you can't work, so we aim to assess your claim as soon as possible.

This factsheet 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 injury or illness.

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 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 TPD 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 (your cover may have changed since the statement was issued) or
- call us on **1300 722 152.**

If your insurance cover was in place at the time you became disabled, you can make a claim. See below for more details.

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.

To find out more about eligibility and when cover may stop, see the insurance guide for your membership, available at **cbussuper.com.au/insurance** or call us for a copy.

Over the past 5 years, we've approved

95.8% **of all TPD claims**[1]

[1] Average TPD claim acceptance rate in the five years to 30 June 2025.

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

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When can you make a TPD claim?

To receive a payment, our insurer must be satisfied that you meet the definition of total and permanent disablement in the insurance policy. Generally speaking, this means:

- you had TPD cover when you became disabled, and
- 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 when your claim is assessed), or
- you can't do certain activities anymore or you have a mental disorder that meets the TPD definition in the policy.

Check the definition on page 5 to see if it covers your situation.

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 claim, as the form is different from a TPD claim form.

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. 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 6-7.

Do you need a lawyer?

Whether you use a lawyer to submit your TPD claim is your choice. It may help to know:

- we will support you through the claims process
- we assess every claim fairly, based on its individual circumstances
- using a lawyer doesn't guarantee a faster outcome or a higher payment
- we are required to act in the best interests of our members
- lawyers' fees and other costs can be significant, so it's important to understand any costs that may reduce your TPD benefit before deciding to engage a lawyer.

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 your appointed representative) through the process, and tell you what you need to do.

If you have any concerns along the way, contact us. Read more about our claims philosophy at **cbussuper.com.au/claims-philosophy**.

Call us on **1300 722 152** to speak to our Claims team, or you can email **claims@cbussuper.com.au**.



How to apply

We'll help you step by step and keep you updated on your claim's progress. If you have any questions along the way, please 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
- when you stopped working.

After we've gathered your relevant information, we will send you a claim pack. Our Claims team will help you understand the process and lodge your claim with the insurer. We'll work with you to ensure we have all the required information with the aim of assessing your claim as soon as possible.

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, or let us know you want to use our tele-claim service to apply by phone
- ask your doctor to complete a form about your condition and provide any medical reports, test results or other evidence to support your claim
- provide proof of identity (see options below)
- 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.

You can provide proof of your identity in one of three ways

Option 1. Electronic ID

This is the easiest way to provide proof of your identity. Write the details of your ID on the forms you're sending us. We'll use the details you give us to do an electronic ID check. You'll need to have these handy:

- Medicare card **and**
- Australian driver's licence or Australian passport

Option 2. By email (Selfie ID)

Email us your form and electronic copies (scanned or clear photos) of your ID. Your ID doesn't need to be certified. Send us:

- a photo of you holding your Australian driver's licence and a clear photo of the back of the driver's licence or
- a photo of you holding your passport.

Take your selfie close-up so we can see the writing on your ID.

Option 3. By post or in person (Certified ID)

You'll need to post or give us your form with certified copies of your Australian driver's licence (both sides) or Australian passport.

For help locating your driver's licence card number, how to get your ID certified or further detail visit **cbussuper.com.au/id**

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 given to us in person.

4 The insurer assesses your claim

The insurer will review the information they've received 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.

5 The insurer tells us their decision

Based on the information provided, the insurer will decide your eligibility for cover and 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.

If your claim is accepted:

1. The insurance payment will go into your super account and becomes part of your total balance, invested in the same way as the rest of your super.
2. We'll stop deducting insurance premiums from your account.
3. We'll write to you to confirm the amount, how withdrawals will be taxed, and ask how you'd like to be paid. You can choose to:
   - have the whole amount paid into your bank account
   - transfer some or all of the payment to a CBUS Super Income Stream account or another approved super fund, or
   - keep some or all of the payment in your CBUS Super account. You may need to meet ongoing conditions if you decide to withdraw more of the insured benefit after 12 months.
4. In some cases, you may need to provide another medical certificate at this stage before we can release your payment. We'll let you know if this applies to you.

You won't have any more cover through your existing CBUS account or any future accounts you may have with CBUS. 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 or are diagnosed with a terminal illness 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.

If your claim is deferred:

The insurer may decide to defer your claim if they think they need more time to determine the full extent of your disability and whether it's permanent. For example, if you need to have surgery, or your doctor feels your condition is likely to improve over time with treatment, they'll defer and review your claim again at the end of the deferment period.

If your claim is declined:

We'll do our own independent review any time the insurer defers or declines a claim. We'll make sure the insurer's decision is fair, reasonable and complies with our insurance policy, trust deed and super laws.

- If we disagree with the insurer's decision, we'll ask them to reconsider or ask for further medical evidence.
- If we agree with the insurer's decision to decline your claim, we'll write to you to explain why.
- If you disagree with the final 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.

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 TPD definition is in two parts. The part that applies to you depends on whether you were working before you became disabled:

Part 1 – Unlikely to return to work

This applies if immediately before your date of disablement you were:
- in full-time, part-time or casual work (or on employer-approved leave)
- self-employed and had done some paid work in the past 24 months, or
- unemployed for less than 24 months.

You'll be considered totally and permanently disabled if:
- you can't do your usual occupation because of injury or illness for three months in a row, and
- in the insurer's opinion (based on medical and other evidence) you're unlikely ever to be able to do any regular remuneration work for which you're reasonably suited, taking into account your education, training or experience when your claim is assessed.

The three-month waiting period doesn't apply if you have a specified medical condition.

Part 2 – Everyday work activities or psychiatric impairment

This applies if part 1 doesn't apply. You'll be considered totally and permanently disabled if:
- you have a mental disorder (as defined below), or
- an injury or illness stops you from being able to do at least two of the five everyday work activities listed below without help from another adult (even if using appropriate aids) for at least 12 months in a row and the insurer believes you're likely to need another adult's help for the rest of your life to do at least two of these activities.

The 12-month waiting period doesn't apply if you have a specified medical condition.

In either case you must also be:
- getting regular care from a doctor (or for a mental disorder, from a psychiatrist) for your injury or illness, and
- in the insurer's opinion (based on medical and other evidence), unlikely ever to be able to do any regular remuneration work for which you're reasonably suited taking into account your education, training or experience when your claim is assessed.

Everyday work activities are:

1. **Mobility** – you can't:
   - 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:
   - 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 precisely with 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).

A **mental disorder** is one that:
- has been diagnosed by a psychiatrist under the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* issued by the American Psychiatric Association (or a similar diagnostic tool determined by the Royal Australian and New Zealand College of Psychiatrists Board)
- your psychiatrist believes won't improve, and
- has been assessed by a psychiatrist appointed by our insurer as having an impairment of 19% or more on the Psychiatric Impairment Rating Scale.

When is your date of disablement?

With reference to the relevant part of the TPD definition, date of disablement means:
- **for part 1**: the date you were diagnosed with a specified medical condition or the date you first couldn't do your usual occupation for three months in a row, or
- **for part 2**: the date you were diagnosed with a mental disorder (as defined above) or the date you first couldn't do at least two of the five everyday work activities listed above for 12 months in a row or because of a specified medical condition.

To be eligible for a TPD payment, you must be insured under the policy on your date of disablement and meet part 1 or part 2 of the TPD definition.

What sort of work are you reasonably suited for?

What counts as suitable work will be:

- based on any education, training or experience you've had up to when your claim is assessed, and
- determined when the insurer has enough evidence to make a decision.

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, we and the insurer 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 of the five everyday work activities listed above 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.

No waiting period for specified medical conditions[2]

If you've been diagnosed with one of these conditions your claim can be assessed straight away, without the need for a waiting period:

Advanced heart failure (permanent)	A disease characterised by permanent and irreversible structural, functional and/or electrophysiological dysfunction of the heart muscle, resulting in marked limitation of physical activity. Less than ordinary activity causes fatigue, palpitation, shortness of breath or chest pain. The diagnosis, severity as well as the permanency of impairment must be confirmed by an appropriate specialist Doctor.
Brain Tumour	A non-cancerous tumour in the brain, meninges, pituitary gland, or spinal cord, resulting in an irreversible neurological deficit which has caused: • permanent Whole Person Impairment of at least 25%; or • the Insured Person being totally and permanently unable to perform any one of the Activities of Daily Living on page 7.
Loss of sight (permanent)	The permanent and irreversible loss of sight in both eyes to the extent that: • visual acuity in both eyes, on a Snellen Scale after correction by suitable lens is less than 6/60, or • the visual field is reduced to 20 degrees or less of arc, or • a combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. The condition must not be correctable by surgical procedures, implants, or any other means as confirmed by an appropriate specialist Doctor.
Chronic lung failure (requiring permanent oxygen therapy)	A disease characterised by irreversible failure of respiratory function, resulting in marked limitation of physical activity and dependence on permanent oxygen therapy. The diagnosis, severity as well as the permanency of impairment must be confirmed by an appropriate specialist Doctor.
Dementia including Alzheimer's disease (permanent)	The unequivocal diagnosis of dementia by a consultant neurologist or geriatrician. The diagnosis must confirm dementia or Alzheimer's Disease due to permanent failure of brain function with associated cognitive impairment. A Mini-Mental State Examination score of 24 or less out of 30 or evidence from another neuropsychometric test that is acceptable to us is required.
Idiopathic pulmonary arterial hypertension (of specified severity)	Idiopathic pulmonary arterial hypertension confirmed by investigations including cardiac right heart catheterisation, resulting in physical permanent impairment to the degree of at least Class 3 of World Health Organisation (WHO) functional class for pulmonary hypertension. The condition must be diagnosed by an appropriate specialist Doctor. The diagnosis, severity as well as the permanency of impairment must be confirmed by an appropriate specialist Doctor.
Paralysis (permanent loss of use of two or more limbs)	The total and permanent loss of function of two or more limbs through illness or injury causing permanent damage to the nervous system. This includes, but is not limited to quadriplegia, paraplegia, diplegia, hemiplegia, and tetraplegia.

Major head trauma (with permanent neurological deficit)	Accidental head injury resulting in neurological deficit causing: • permanent whole person impairment of at least 25%; or • the insured person being totally and permanently unable to perform any one of the activities of daily living listed in the table below.
Motor neurone disease	The unequivocal diagnosis of a progressive form of debilitating Motor Neurone Disease. The diagnosis must be confirmed by an appropriate specialist Doctor and supported by clinical neurophysiology and other ancillary testing.
Multiple sclerosis (with persisting neurological abnormalities)	The unequivocal diagnosis of multiple sclerosis confirmed by an appropriate specialist Doctor, resulting in persisting neurological abnormalities. There must be more than one episode of well-defined neurological deficit, unless there is an unequivocal diagnosis of primary progressive multiple sclerosis. Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses are required to confirm diagnosis.
Muscular dystrophy	The unequivocal diagnosis of muscular dystrophy by an appropriate specialist Doctor. The diagnosis must be supported by appropriate clinical investigations.
Parkinson's disease (permanent)	The unequivocal diagnosis of degenerative idiopathic Parkinson's disease by an appropriate specialist Doctor, and characterised by chronic progressive manifestation of bradykinesia with at least one of the following: (a) rigidity; or (b) rest tremor. All other types of Parkinsonism are excluded (e.g. secondary to medication).
Severe burns	Tissue injury caused by thermal, electrical or chemical agents causing partial or full thickness burns to at least: • 20% of the body surface area as measured by the Lund and Browder body surface chart • 50% of both hands, requiring surgical debridement and/or grafting, or • 50% of the face, requiring surgical debridement and/or grafting. First degree burns, also termed superficial burns, are excluded and will not be considered as part of the required percentage.
Loss of speech (permanent)	The total and irrecoverable loss of the ability to produce intelligible speech, because of permanent damage to the larynx or its nerve supply or to the speech centres of the brain. The diagnosis, severity as well as the permanency of impairment must be confirmed by an appropriate specialist Doctor.
Spinal Cord Injury	Accidental spinal cord injury resulting in an irreversible neurological deficit causing: • permanent Whole Person Impairment of at least 25%; or • the insured person being totally and permanently unable to perform any one of the activities of daily living listed in the table below.

[2] The insurer may review and change these conditions from time to time, but you won't be disadvantaged by this.

Different definitions may apply depending on your date of disablement. Call us if you'd like more information.

What are 'activities of daily living'?

Activities of daily living are:

Bathing – The ability to shower or bathe
Dressing – The ability to put on and take off clothing.
Feeding – The ability to get food from a plate into your mouth.
Toileting – The ability to get on and off and use the toilet.
Mobility – The ability to move in and out of a bed and chair.

How is Whole Person Impairment assessed?

Whole Person Impairment is a way of measuring a person's degree of impairment as a result of injury. The extent of impairment is expressed as a percentage of the functional capacity of an uninjured healthy person, based on the *American Medical Association's Guides to the Evaluation of Permanent Impairment*.

If you'd like a review

We strive to provide great service to our members and resolve any issues as quickly as possible. 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/complaints**
- Call: **1300 722 152**
- Write to:
  Complaints Officer
  CBUS, 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).

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/complaints** or call us.

Need some help? Contact us

claims@cbussuper.com.au
cbussuper.com.au
Log in to chat to us online

Call us on **1300 361 784** (8am to 8pm 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 coordinator** if you need additional support in your area.
Details: **cbussuper.com.au/coordinators**

CBUS, 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**.

Read our *Privacy Policy* and *Personal Information Collection Statement* at **cbussuper.com.au/privacy** for details about how we collect and disclose personal information or contact us on **1300 361 784** for a copy. The TAL *Privacy Policy* is available at **tal.com.au/privacy-policy** or call **1300 209 088** for a copy.