MLC MasterKey Business Super

Total and Permanent Disablement Claims Guide

Preparation date
1 October 2023

Issued by The Trustee
NULIS Nominees (Australia) Limited
ABN 80 008 515 633 **AFSL** 236465

The Fund
MLC Super Fund
ABN 70 732 426 024

Contents

This document has been prepared on behalf of NULIS Nominees (Australia) Limited, ABN 80 008 515 633, AFSL 236465 (NULIS) as Trustee of the MLC Super Fund, ABN 70 732 426 024 (the Fund). NULIS is part of the group of companies comprising Insignia Financial Ltd ABN 49 100 103 722 and its related bodies corporate (Insignia Financial Group).

The information in this document is general in nature and doesn't take into account your objectives, financial situation or individual needs. Before acting on any of this information you should consider whether it is appropriate for you. You should consider obtaining financial advice before making any decisions based on this information.

References to 'we', 'us' or 'our' are references to the Trustee, unless otherwise stated.

Subject to super law, the final authority on any issue relating to your account is the Fund's Trust Deed, and the relevant insurance policy, which govern your rights and obligations as a member.

Insurance is offered to members under insurance policies issued to the Trustee by the Insurer. The insurance cover provided is subject to the terms and conditions contained in the insurance policies issued to the Trustee by the Insurer. The terms and conditions of the policies prevail over any inconsistent information in the **PDS**, the **Insurance Guide** or this **Claims Guide**. The insurance information provided in the **PDS**, the **Insurance Guide** and this **Claims Guide** is based on the policies issued by the Insurer, and information provided by the Insurer about the operation of the policies. **Insurance benefits will only become payable if the Insurer accepts the relevant claim.** For an approved insurance claim with a lump sum insured benefit (e.g. terminal illness or TPD benefit), the benefit amount will generally be paid by the Insurer to the Trustee. That benefit amount along with your superannuation account balance can then be paid to you by the Trustee. Any benefit can be paid to you when you meet a condition of release under the Superannuation Industry (Supervision) Act 1993. For an approved insurance claim with another type of insured benefit (e.g. income type payment), these payments may be made to you directly by the Insurer on behalf of the Trustee.

The information in this document may change from time to time. Any updates or changes that aren't materially adverse will be available at **mlc.com.au/pds/mkbs**. You also can obtain a paper copy of these updates at no additional cost by contacting us.

An online copy of this document is available at **mlc.com.au/pds/mkbs**

Support when you need it most

This **Claims Guide** will help you understand the process for your claim, including how to start your claim as simply and quickly as possible, so it can be assessed by the Insurer.

Our **Claims Philosophy** is to:

- communicate the process clearly
- treat our claimants, members and their beneficiaries with the utmost respect and empathy at all times
- do everything reasonable to pursue claims with the Insurer on the member's behalf that we consider have reasonable prospects of success, and
- make prompt payments on successful claims.

We adopt a professional, compassionate and positive approach to claims management and actively seek to keep members at the heart of everything we do. We acknowledge that each claim is unique and must be dealt with on its own merits and we're committed to being easy to deal with and providing outcomes to our members in a timely manner.

Managing your claim

Your claim is unique. That's why we'll take care to assess your personal situation on its own merits. When your claim is lodged with the Insurer, they'll appoint a **dedicated claims assessor** to guide you through the entire claims process. If you need help with the claims process, understanding what's required of you, completing claim forms or providing requested claim information, we'll work with you and the Insurer to find a solution.

You can appoint a representative to act on your behalf during the claims process.

We understand that making a claim can often be a challenging time.

Our **Claims Philosophy** sets out our overall approach to managing claims in a respectful and empathic way for each unique claim made by our members.

Be assured, if you're experiencing any personal or financial difficulties during this time, we'll take that into account in our dealings with you.

Important information and definitions

Role of the Trustee

As the Trustee, we have a duty to act in the best interests of all our beneficiaries. We'll do this by providing insurance arrangements that aim to help support you and your beneficiaries at a time when it is needed most.

Once you've supplied your requested information and documents, we'll do everything reasonable to pursue your claim with the Insurer so that it's processed efficiently and fairly.

Role of the Insurer

The role of the Insurer is to provide us with insurance policies that support the insurance arrangements, and to assess, manage and pay claims covered by those policies.

We'll work with the Insurer to make sure that all successful claims are paid as quickly as possible.

The insurance policy

You'll find specific details about the terms and conditions of the insurance arrangement in the **Insurance Policy**.

If you'd like a copy of the **Insurance Policy**, please call us on **132 652**.

A word about tax

As taxation law is complex, we recommend that you contact your tax adviser for further details and expert advice in relation to your circumstances.

Do you have cover under other insurance policies?

It's important to check what other insurance policies you hold, particularly if you have more than one super account. If you have multiple insurance policies, you might be paying premiums for policies you don't need.

What's next?

In the following pages of this guide, you'll find claims process information to help you understand what's required to make a claim and what's involved at each step of the claims management process.

Our claims process

Our insurance claims process typically has six key steps, and there are roles for us, the Insurer and you.

1. Make a claim
2. We check your eligibility
3. We submit your claim to the Insurer
4. The Insurer assesses your claim
5. We review the Insurer's decision
6. You'll be provided with an outcome

Step 1: Make a claim

If you need to make a claim, start by calling us on **132 652** and we'll help you determine the best way to make a claim.

Find out more at **mlc.com.au/making-a-claim**

Step 2: We'll ask you some questions

We'll ask you some initial questions to make sure we send you the right documents.

If you need help with the claims process, understanding what's required of you, completing claim forms or providing requested claim information, we'll work with you and the Insurer to find a solution.

Remember, it's important to provide complete and correct details in your claims pack. If you've already submitted claims documents that may contain incorrect details, please contact us straight away.

Step 3: We submit your claim to the Insurer

When we receive your completed claims documents, we'll:

- acknowledge receipt of your claim,
- check if it contains all the required information,
- conduct another assessment of your eligibility to claim (including whether you have insurance cover),
- give the claim to the Insurer or tell you why you cannot make a claim,
- give you a chance to respond, and
- give you this Claims Guide.

If we need more information or we believe you aren't eligible to claim, we'll contact you. When we have all the information needed and we're satisfied you may be eligible to claim, we'll direct your claims documents to the Insurer.

Step 4: The Insurer assesses your claim

When the Insurer receives your claim documents, it will start assessing and appoint a **dedicated claims assessor** to manage your claim. The Insurer may need more information to assess the claim. It may also ask you to attend medical or vocational assessments. We or the Insurer will let you know if that's the case.

You'll receive updates throughout the claims process. Of course, you can contact your claims assessor at any time if you have questions.

Procedural Fairness process

If the Insurer's view on your claim is unfavourable, you'll be issued a Procedural Fairness Letter, which includes the following items for you to review:

1. the evidence used by the Insurer to assess your claim, and
2. the potential barriers to your claim.

You'll be given an opportunity to comment or correct evidence or errors in the documents used to assess your claim.

It is important that you're given the opportunity to review all of the materials obtained and used in the review of your claim, as well as a right to reply.

Once a response is received from you, you will be contacted about the next step of the claim process.

Step 5: We review the Insurer's decision

Once the Insurer has made a decision about your claim, they will refer the decision to us for review. We may return the claim to the Insurer for example, if we have questions or do not agree with the Insurer's decision.

Step 6: You'll be provided with an outcome

Once we're satisfied with the Insurer's decision, we'll confirm the outcome of your claim in writing.

Resolving complaints

If you have a complaint about your claim please call us on **1800 512 333**. If you'd prefer to put your complaint in writing, you can email us at **complaints@mlc.com.au** or send a letter to GPO Box 4341, Melbourne VIC 3001. We'll conduct a review and provide you with a response in writing.

If you're not satisfied with our resolution, or we haven't responded to you in 45 days, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA).

AFCA provides an independent financial services complaint resolution process that's free to consumers. You can contact AFCA at any time by writing to **GPO Box 3, Melbourne, VIC 3001**, at their website (**afca.org.au**), by email at **info@afca.org.au**, or by phone on **1800 931 678** (free call).

To view our complaints management policy, visit **mlc.com.au/complaint**

Why does it take so long?

It's important your claim is assessed correctly. In order for us to do that, we'll work with the Insurer to review all the relevant information. This includes information from you, your doctor, medical specialists and your employer. This can take a while, but we'll make sure we keep you updated.

Total and Permanent Disablement (TPD) insurance

When would I make a claim?

Generally, you must have stopped work for a set period of time before you can lodge a TPD claim. You'll find details about this in the **Insurance Guide**.

How will my claim be assessed?

You may be eligible for a TPD benefit if the Insurer is satisfied that, due to an illness or injury, you:

- have ceased work, and
- satisfy a TPD definition.

Depending on your employment before your disablement, different TPD definitions may apply to you. Your claim will be assessed differently depending on whether you have been working or not and sometimes depending on your occupation. To find out which TPD definition applies to you and any exclusions that may apply, refer to the **Insurance Guide**.

The Insurer will assess your capacity to work under the definitions that apply to you. Generally this will be based on your ability to perform any reasonably suitable occupation relating to your education, training or experience – not just the occupation you hold when you become injured or ill.

When reviewing your claim and determining whether you're unable to work, the Insurer may consider your level of education, any further study, qualifications and certifications you've obtained, as well as skills and abilities you've acquired through paid and unpaid work, as well as hobbies or interests.

Depending on your TPD definition the Insurer may also consider retraining and rehabilitation that would be reasonable for you to undertake (refer to the **Insurance Guide**).

Frequently asked questions

What forms need to be completed?

You, your doctors and employer may need to complete some of the following forms:

- Claim form (Completed by you)
- Tax File Number (TFN) Declaration (Completed by you)
- Two Treating Doctors Reports (Completed by your treating doctors), and
- Employer Statement (Completed by your employer). If your employer is unable or unwilling to provide this, we may request additional information from you about your employment in order to assess your claim.

Some of the above information can be provided over the phone.

Do I still pay premiums when I'm accepted for a TPD claim?

Any **TPD** premiums deducted from the date of your disablement will generally be refunded to your super account.

What are the payment options if my TPD claim is approved?

Approved TPD claims will generally be paid into MLC Cash in your super account. You can choose to switch part, or all, of the proceeds into a different investment option within the fund.

You can also apply for the proceeds to be released to you in the following ways:

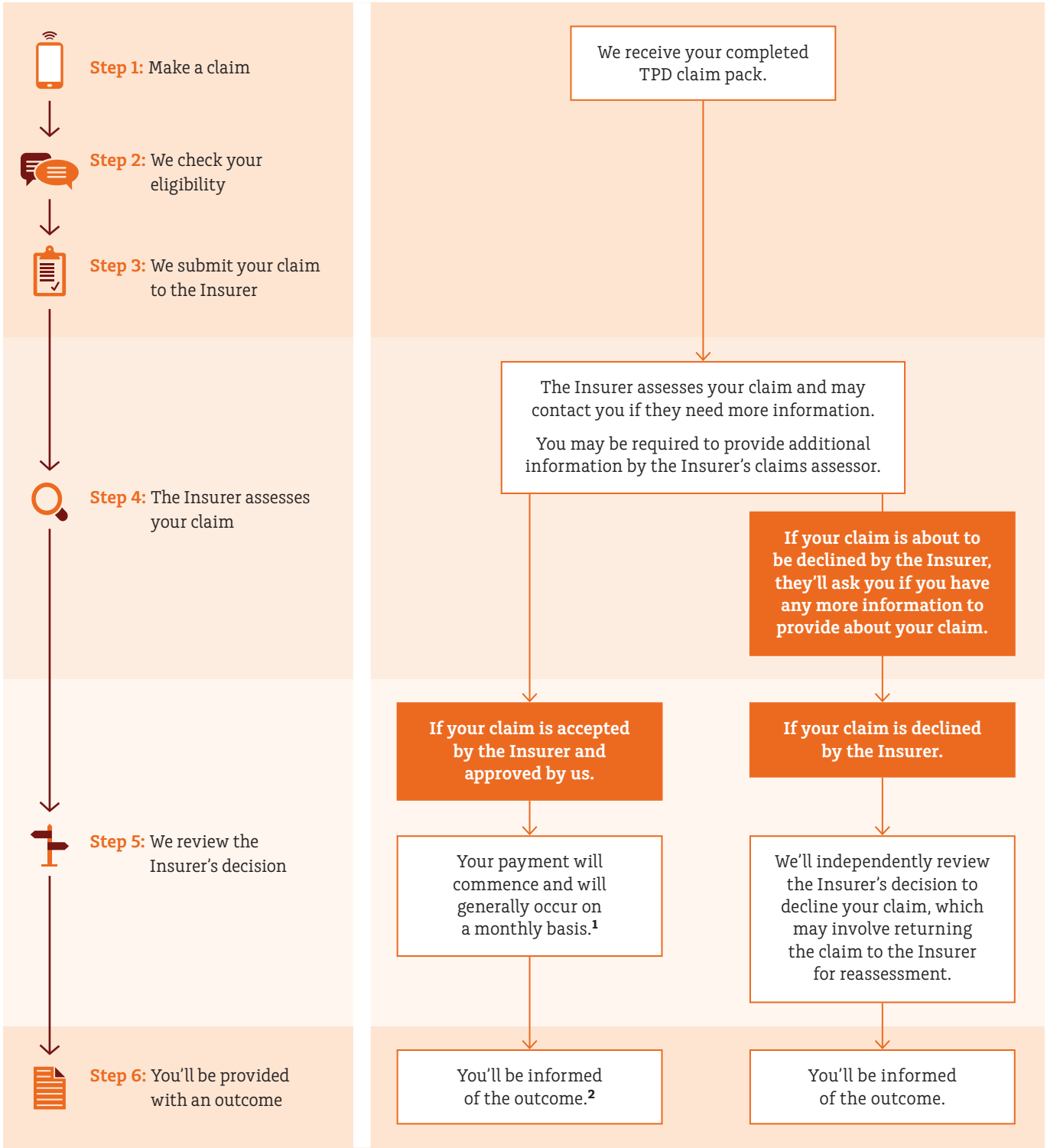
- as a full or partial lump sum
- as a pension, or
- to another complying super/pension account, via a rollover.

We recommend that you seek financial advice in relation to the payment of benefits.

What do I do if I want to make a Terminal Illness claim instead of a TPD claim?

Refer to page 14 for how to make a Terminal Illness claim.

Total and Permanent Disablement (TPD) claims process



[1] A superannuation benefit can only be paid when a condition of release under the Superannuation Industry (Supervision) Act 1993 is met.

[2] For an approved insurance claim with a lump sum insured benefit (e.g. TPD benefit) the benefit amount will usually be paid by the Insurer to the Trustee. That benefit amount along with your superannuation account balance can then generally be paid to you by the Trustee. The Insurer is not part of the Insignia Financial Group.

For more information visit mlc.com.au or call us from anywhere in Australia on 132 652 or contact your financial adviser.

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