

Making a terminal illness claim

1 December 2025



Our commitment to you

If you’ve been diagnosed with a terminal illness, we understand this is a difficult and stressful time for you and your family. For many people, the process of making a claim can feel overwhelming and may add to the challenges you’re already experiencing. That’s why we strive to provide a claims service that’s fair, transparent, and as straightforward as possible to ensure claims are assessed and finalised as quickly as possible.

And while every claim can be unique to a member’s personal circumstances, we treat all of our claimants with compassion, dignity and respect. Our commitment is to you, and we’re here to support you every step of the way.

Important information

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049, AFSL 246383 (“Togethr”), the Trustee of Equipsuper ABN 33 813 823 017 (“the Fund”). The information contained is general advice and information only and does not take into account your personal financial situation or needs. You should consider whether this information is appropriate to your personal circumstances before acting on it and, if necessary, you should seek professional financial advice. Where tax information is included, you should consider obtaining taxation advice. Before making a decision to invest in Equip Super, you should read the Product Disclosure Statement (PDS) and Target Market Determination (TMD) for the product which are available at equipsuper.com.au

Eligibility criteria apply for insurance, and the insurer is MetLife Insurance Limited (ABN 75 004 274 882 AFSL 238096). Financial advice may be provided by Togethr Financial Planning Pty Ltd (ABN 84 124 491 078 AFSL 455010), trading as Equip Financial Planning – a related entity of Togethr.

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Overview

Being diagnosed with a terminal illness is confronting and can be a distressing time. Approaching the end of life often involves increased medical care and an increased focus on the things that are important to you and your loved ones. A terminal illness benefit payment can ease some of the financial pressures by providing early access to your super and an insurance benefit if you're insured. We're here to help you understand what's involved in making a claim, and to support you every step of the way. This handbook provides information on how to apply for a terminal illness benefit payment.

What is a terminal illness benefit?

You can make a terminal illness claim if you've been diagnosed with a terminal illness, and two registered medical practitioners have certified that you're suffering from an illness or injury that will likely reduce your life expectancy to 24 months or less. A terminal illness benefit can be made up of:

- the early release of your super account balance (less any charges or taxes that may apply), and
- advance payment of any death insurance cover you may have.

Any insured death benefit you receive will be subject to assessment and approval by the insurer. Your eligibility for a benefit, and the amount received, will be determined based on the latest date of diagnosis on the certificates provided by your two registered medical practitioners.

Payment of a terminal illness benefit

The insured death benefit payable in relation to a terminal illness claim will either be your death cover amount or \$3 million – whichever is less. If your death cover is higher than \$3 million, then any residual death cover will continue, and a further claim may be paid after your death.

The insured amount payable will be paid into your super account and will form part of your total account balance.

Important note: If you decide to withdraw your full super account balance before the potential approval of any insured benefit, your super account will be closed, and you'll lose the insurance attached to it. This is because the death/terminal illness cover must be in force at the date your doctor and specialist provide their life expectancy certification.

Is there a waiting period?

No, there's no waiting period to make a terminal illness claim. You can apply as soon as you've been diagnosed with a terminal illness, provided that your treating specialist and medical practitioner certify that your life expectancy is 24 months or less.

Our role as Trustee

As the Trustee of Equip Super, we have a duty to act in the best financial interests of our members. We're here to provide support at a time when it's needed the most.

Our primary role is to oversee the claim process, which includes the conduct and timeframes of the insurer and our service providers (as well as our own team), to ensure your claim is processed efficiently and fairly and without unnecessary delays.

The role of our insurer

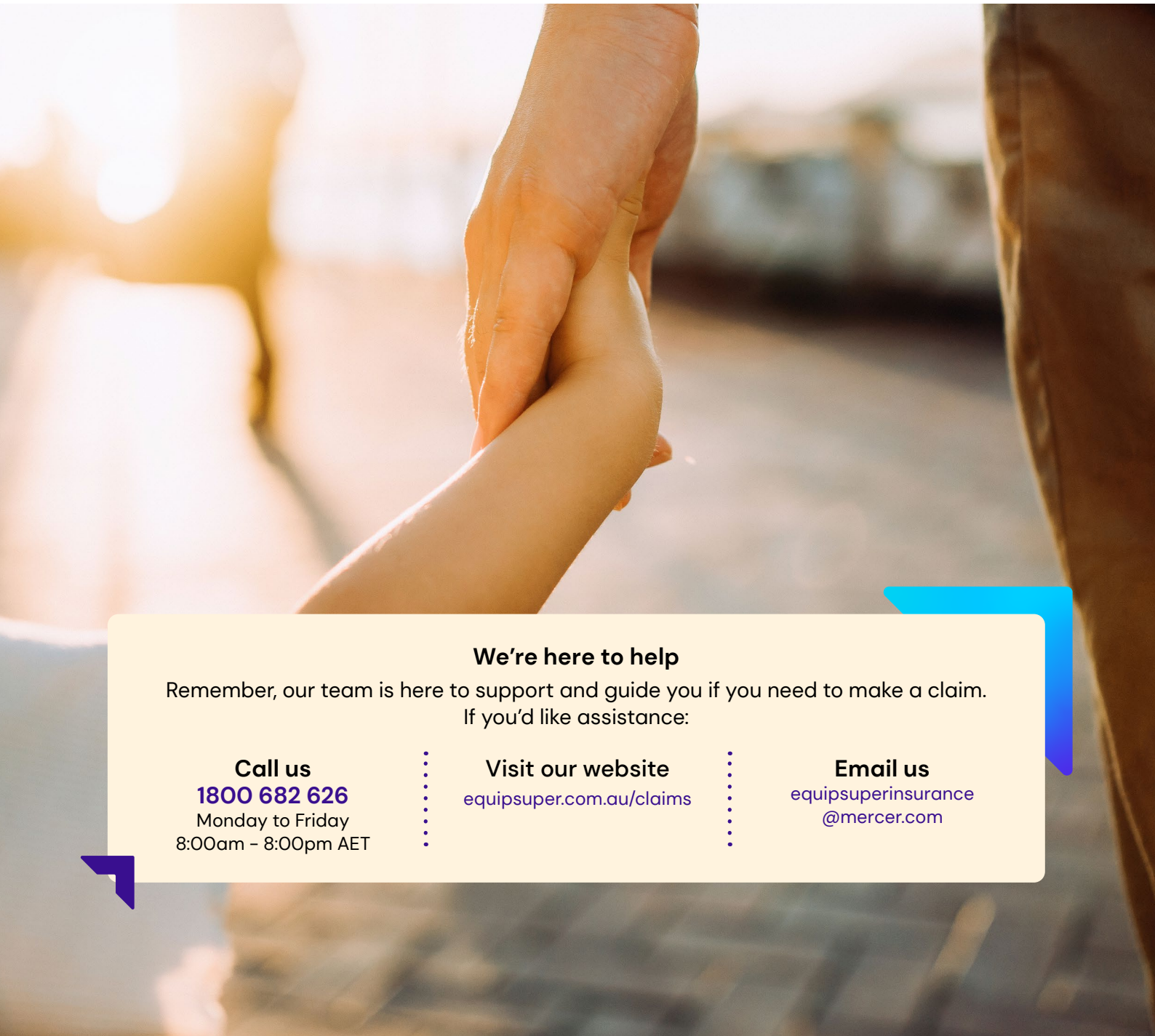
Insurance cover for Equip Super members is currently provided by our insurer, MetLife Insurance Limited (MetLife) ABN 75 004 274 882, AFSL 238 096. MetLife is a leading provider of life insurance, committed to helping Australians protect the lifestyle they love and delivering exceptional service.

MetLife assesses, manages and pays claims covered by the insurance policies they provide. Equip Super works with MetLife to ensure eligible claims are paid as quickly as possible.

MetLife is the insurer for members where an injury or illness occurred on or after 1 July 2022. For an injury or illness that occurred prior to that date, our previous insurers will be responsible for assessing the claim under the terms and conditions of the policy that was relevant at the date of your disablement.

If you have other insurance policies

It's important to check any other insurance policies you may hold – either with another super fund or through a private insurer – including their policies and procedures for making a claim.



We're here to help

Remember, our team is here to support and guide you if you need to make a claim. If you'd like assistance:

Call us
1800 682 626
Monday to Friday
8:00am – 8:00pm AET

Visit our website
equipsuper.com.au/claims

Email us
equipsuperinsurance@mercero.com

Who can claim a terminal illness benefit?

If you’ve been diagnosed with a terminal illness that’s expected to reduce your life expectancy to 24 months or less, you may be able to access a terminal illness benefit. The amount paid will depend on the terms of your insurance cover (if you hold any) and the balance available in your super account.

It’s important to be aware that you don’t need to stop working when claiming a terminal illness benefit and can continue to work if you’re able to do so.

Meeting the terminal illness definition

To be eligible for payment of a terminal illness benefit you’ll need to meet the definition of a **terminal illness**, as outlined by superannuation law and the terms of the insurance policy:

- two registered medical practitioners must certify that your condition is likely to lead to your death within 24 months from the **date of diagnosis**, and
- at least one medical practitioner is a specialist practising in an area related to your condition, and
- our insurer is satisfied that you meet the definition of terminal illness in the insurance policy.

As a guide, we’ve included our current terminal illness definitions on page 7. These apply to claims where the date of certification is on or after 1 July 2022.

The insured benefit will be calculated at the later date of your diagnosis on the certificates provided by your two medical practitioners and will be paid into your super account.

If you don’t have death insurance cover

If you don’t have any death insurance cover, you may be eligible to claim for the early access of your super account balance (tax free) due to a terminal medical condition under superannuation law.

In accordance with the *Superannuation Industry (Supervision) Regulations 1994*, the Equip Super Trustee will assess and determine your eligibility if:

- two registered medical practitioners certify (jointly or separately) that you suffer from an illness, or has incurred an injury, that is likely to result in your death within a period that ends not more than 24 months after the date of certification (the ‘certification period’)
- at least one of the medical practitioners is a specialist practising in an area related to your illness or injury, and
- the certification period has not ended.

What if you’re receiving other insurance benefits?

Income protection (IP) benefits

Eligibility to receive a terminal illness benefit doesn’t affect any IP payments you may be eligible to claim. Any IP payments you’re receiving will continue for as long as you continue to satisfy the terms and conditions of the IP policy.

Total and permanent disablement (TPD) benefits

Please note, from the date your terminal illness claim is approved, any TPD insurance cover you may have will cease.

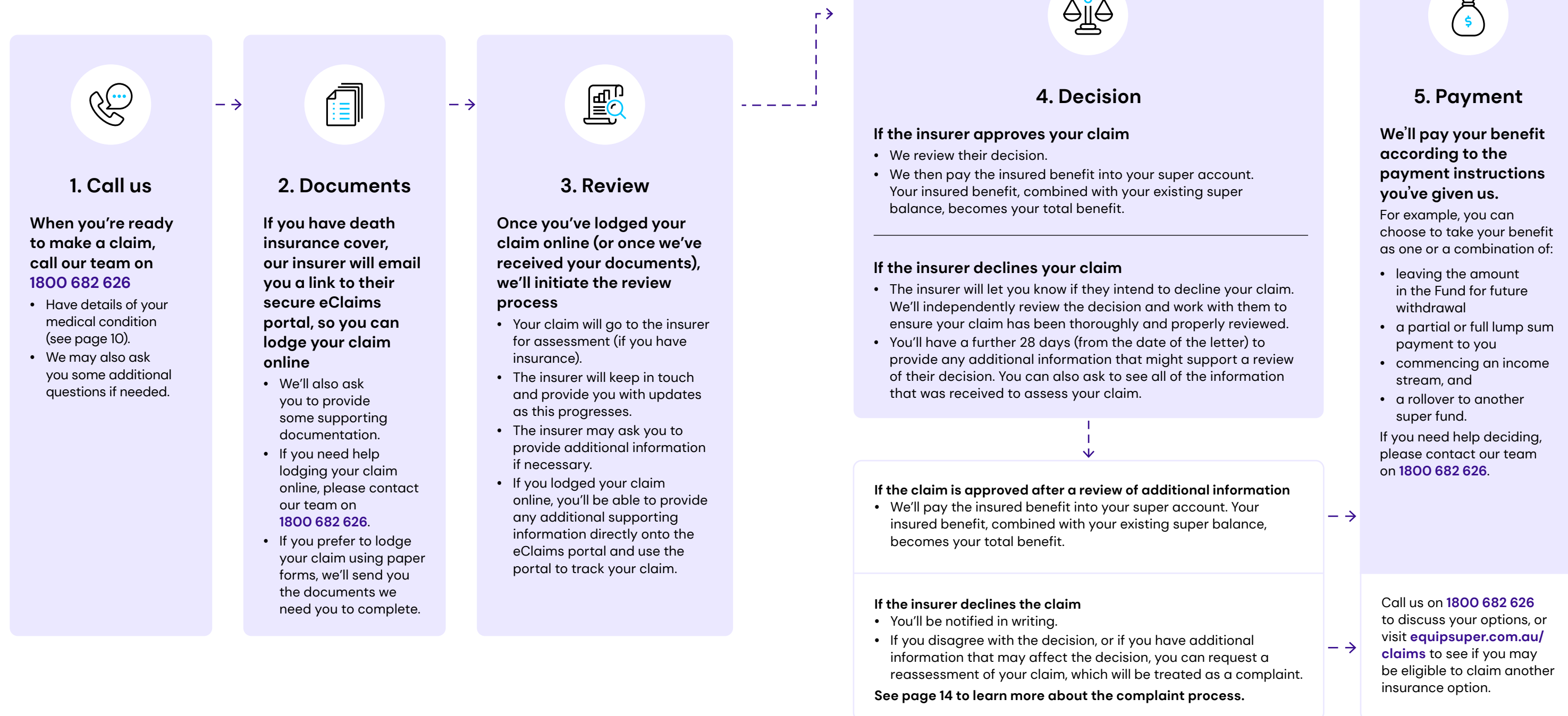
Important terminal illness definitions

Our current terminal illness definitions for claiming an insurance benefit on terminal illness grounds are shown below.

Terminal illness	Means a disease or condition that, in the opinion of two doctors approved by the insurer and supported by medical evidence (such as test results) is likely to lead to your death within 24 months from the date of diagnosis. At least one of the doctors must be a specialist practicing in the field to which the terminal illness relates.
Date of diagnosis (certification)	Means the later of the dates on which two doctors, approved by the insurer, certified that it was likely that a terminal illness would lead to your death within 24 months.



The terminal illness claims process at a glance



How to make a claim

If you need to make a terminal illness claim, we're here to support you. Every claim is different and the time it takes to assess a claim can vary. But in each case, we aim to make the process as straightforward as we can. In this section, we've provided more information on our 5-step claims process and answers to some of the questions you may have about making a terminal illness claim.



1. Call us

If you need to make a claim, please call our team directly on **1800 682 626**, Monday to Friday, 8.00am to 8.00pm. We'll help you with the first steps of the claim and let you know what's involved with the overall process.

To make sure we provide the correct claim lodgement options for you, we'll ask you for the following information:

- your Equip Super member number
- details relating to your diagnosis
- the date your condition first presented itself, and
- your life expectancy as advised by your treating doctor.

If you don't have death insurance cover through your Equip Super account

The Trustee of Equip Super will assess your claim as an early release terminal illness claim, in accordance with superannuation law, and the Equip Super Trust Deed. Refer to page 6 ('If you don't have death insurance cover').

2. Documents

Once we've established that you're eligible to claim and if you have death cover at the date of diagnosis, our insurer will email you a link so you can access the secure eClaims portal and lodge your claim online. We've found that online lodgement is usually quicker and easier than making a paper-based application. When you provide details of your treating doctors, the insurer will contact them directly to obtain details about your claim.

If you don't have any death insurance cover we'll send you the following:

- *Initial Information form* – to be completed by you (or your Power of Attorney)
- *General Medical Statement* – to be completed by your treating doctor and specialist, to certify that even with medical treatment for your condition, your life expectancy is less than 24 months from the date of certification. You'll need to cover any costs associated with completing this form.
- *Benefit payment form* – instructions on how you'd like to receive the approved benefit.
- *Certified proof of identity* – for security purposes, a certified copy of your driver licence or passport is required. For more details refer to pages 18 and 19.

This information allows us and our insurer to assess your benefit entitlement in line with superannuation legislation and the insurance policy terms and conditions.

You can lodge your claim online or use paper forms, depending on your preference. Please note that online lodgement is usually the quickest and easiest way to lodge a claim, and provides the added benefit of being able to track the progress of your claim online at any time.

How long does a claim take?

We aim to finalise claims as quickly as possible. In most cases, terminal illness claims are finalised within two months after all the necessary documentation has been submitted. However, the timeframe may vary depending on the circumstances of your condition, and the information needed by our insurer to assess your claim.

You'll be kept updated throughout the process. If you're experiencing difficulties, we're here to work with you and provide support where possible. Remember, you can call our team directly on **1800 682 626**, Monday to Friday, 8.00am to 8.00pm AET.

3. Review

If you don't have death insurance cover

We'll review your claim as quickly as possible. We'll provide you with updates on the progress of your claim and let you know if we need further information to assess your claim.

Your claim will be assessed in line with superannuation law and the Equip Super Trust Deed.

If you have death insurance

Once you've lodged your claim, the insurer will provide you with a dedicated case manager to help you through the claim process. The insurer may also request:

- further information from you
- additional medical reports directly from your doctor/s.

Any costs associated with requesting additional medical reports and examinations will be paid by the insurer.

Your claim will be assessed in line with the terms and conditions of the insurance policy you were covered under at the date you were certified as being terminally ill by your treating doctors (including any exclusions and/or pre-existing conditions you may have).

You'll receive updates on your claim at least every 20 business days, however you can request information on your claim at any time via the insurer.

You'll also be given access to eClaims – a secure online portal you can use to track the progress of your claim and upload any additional documentation the insurer may ask for.

We and the insurer will make a decision on your claim as quickly as possible. In most cases, terminal illness claims are finalised within two months after lodgement. However, the timeframe may vary depending on the circumstances of your condition, and the information needed by our insurer to assess your claim.

4. Decision

A decision is reached by the insurer as well as the Trustee, as set out below.

- Once all of the supporting information is received, the insurer will decide whether to accept or decline your claim for the early payment of your insurance benefit.
- When the insurer has reached a decision, the claim is referred to the Trustee for review.
- We're responsible for ensuring the insurer's decision is fair and reasonable and the payment of any benefit meets the early release conditions, as governed by superannuation law and the Equip Super Trust Deed.

If the insurer approves your claim

The insured benefit will be paid into your super account. Your insured benefit, combined with your existing super balance, becomes your total account balance, which you can access.

If any money is allocated to your super account after the 24-month certification period (for example if you receive any contributions to your super through any other means), those additional amounts will be subject to the normal super preservation rules. This means you won't be able to access those funds until you've reached age 65, or you've retired from the workforce, or you meet a condition of release.

Please note, from the date your terminal illness claim is approved, any total and permanent disablement insurance cover you may have will cease.

If your claim is declined by the insurer

If the insurer intends to decline your claim, they'll write to you and explain why they've reached this decision, referring to all the evidence they've relied on and the insurance policy. We'll independently review the decision and work with the insurer to make sure your claim has been thoroughly and properly reviewed.

You'll have another 28 days (from the date of the letter) to provide any additional information that might support a change in the decision. You can also ask to see all of the information that was received to assess your claim.

At the end of the 28-day period, the insurer will finalise their decision, including reviewing any new information

that's been provided. When they reach a final decision on the claim, they'll let us know.

If they decline the claim, we'll review the decision and if we disagree, we'll challenge it on your behalf. We may ask you for further information.

If we agree with their decision, we'll let you know in writing and advise you of the next steps you can take if you're not satisfied with the final decision. Turn to page 14 to learn more.

5. Payment

We'll pay your benefit according to the payment instructions you've provided. You can choose to take your benefit as one or a combination of:

- leaving the amount in the Fund for future withdrawal
- a partial lump sum payment to you
- commencing a retirement income stream, and
- a rollover to another super fund.

Any insured death benefit received from the insurer on approval of your terminal illness claim will be the lower of:

- the value of your death cover, or
- \$3 million.

If you have death cover for more than \$3 million, the remaining insured benefit may be paid as a death benefit to your beneficiaries as a residual death payment, as long as you're still a member of the Fund when you pass away and insurance premiums are paid until then.

Once your terminal illness payment is approved, you won't have any more cover through the Fund (unless a residual death benefit applies).

How your benefit payment is invested

Any terminal illness insurance benefit we receive from our insurer for you will be added to your account and invested in the Cash investment option.

Your existing account balance will continue to be invested according to your chosen super investment options and accrue returns, and you'll continue to pay any applicable fees and charges, such as our administration fees and any insurance costs.

You can change your investment mix online or using the investment choice form available on our website at any time.

Tax on your benefit payment

If your claim is approved, and you choose to withdraw your benefit within 24 months of certification, you'll receive your account balance and any insured benefit (if applicable) as a tax-free lump sum payment.

After the 24-month certification period you can still access any remaining funds you have not withdrawn, although they may not be tax free. Any new contributions and investment earnings received after the 24-month certification period can't be withdrawn until you've reached age 65, or you've retired from the workforce, or you meet a condition of release.

Consider getting help from an expert

We recommend you get tax advice to better understand how any benefit payment may affect your tax situation.

Equip Super offers expert financial advice services through our licensed Financial Planners.* Our advisers can provide assistance on the likely impact of any benefit payments with regards to your personal financial situation, and help you make informed decisions about receiving and managing your benefit.

To book an appointment with a Equip Super Financial Planner, head to our website or give us a call.

Call us:

1800 065 753

Monday to Friday 9:00am–5:00pm AET

Visit our website:

equipsuper.com.au/get-advice

* Financial advice may be provided by Togethr Financial Planning Pty Ltd (ABN 84 124 491 078 AFSL 455010), trading as Equip Financial Planning – a related entity of the Fund.



If you don't agree with the outcome of the claim

You can request a review

If the insurer has let you know they intend to decline your claim (refer to page 11 to learn more), and you don't agree with the decision, you have 28 days from the date you received the notification letter to request a review by providing further evidence that might support your claim.

All requests for a review are treated as formal complaints and are independently assessed by the insurer and the Trustee.

We try to resolve these requests via our internal complaints resolution process within 45 calendar days of receiving the request for a review.

Once our review is complete, we'll be in touch to let you know the outcome.

If you don't hear from us within this time, or if you still aren't satisfied with the outcome, you can call or write to the **Australian Financial Complaints Authority** (AFCA) to request an independent review of your claim.

Escalating your complaint

If you're still not satisfied with the decision we reach, you may refer the complaint to AFCA.

Online: afca.org.au

Email: info@afca.org.au

Phone: **1800 931 678**

Mail: GPO Box 3, Melbourne VIC 3001

Please note that complaints can generally only be lodged with AFCA if you've followed the internal review process as outlined previously, or if the Trustee has failed to make a decision within 45 days of receiving your review request.

You must lodge your complaint with AFCA within 28 days of receiving notice of the Trustee's final decision on your complaint.

- **If AFCA accepts the complaint**
They'll try and help you and the Fund reach a mutual agreement through conciliation.
- **If conciliation is unsuccessful**
The complaint will be referred to AFCA for a determination.

Payment of any terminal illness benefit (if applicable) will be suspended until the matter is resolved by AFCA. If a complaint is not lodged with AFCA within the 28-day limit, you can request a reassessment of your claim, which will be treated as a complaint. See page 16 to learn more about the complaint process.

If you're facing financial difficulty, you may be able to access your super early on severe financial hardship or compassionate grounds. Visit equisuper.com.au/additional-support for details on the government rules and eligibility requirements that apply.

For a copy of our complaints resolution process, please call us on **1800 682 626**, Monday to Friday 8:00am to 8:00pm AET, or visit our website at equisuper.com.au/complaints



When an insured benefit won't be paid by the insurer

In some circumstances, an advance death benefit for a terminal illness claim may not be payable. These are outlined below.

An insured benefit won't be paid in the following circumstances

Our insurer will not pay any part of an advance death benefit where the terminal illness arose, directly or indirectly, as a result of:

- war or an act of war while you're an active participant in that war; or
- unlawful participation in an act of terrorism; or
- an illness or injury that is excluded while your cover is limited cover.

For any increase in cover you applied for and were then accepted for following underwriting, or you're covered by interim accident cover, no claim will be payable if it arises directly or indirectly as a result of:

- death caused by suicide in the 13-month period commencing from the day that your increase in cover was accepted;
- disablement caused by intentional self-inflicted injury or attempted suicide regardless of whether you were sane or insane at the time; and
- any other exclusions advised to you at the time of underwriting.

For any increase in cover provided following a life event, no claim will be payable if it arises directly or indirectly as a result of:

- death caused by suicide; or
- disablement caused by intentional self-inflicted injury or attempted suicide, regardless of whether you were sane or insane at the time.

No claim will be paid where the payment would expose the insurer or Equip Super to any sanction under a United Nations resolution, or any other applicable sanctions, laws, or regulations.

Duty to take reasonable care not to make a misrepresentation

When you apply for insurance through the Fund, you have a legal duty to take reasonable care not to make any misrepresentations to the insurer – such as a false answer, or an answer that's not entirely true or provides only part of the truth. This also applies when you make changes to your insurance cover such as increasing your cover or reinstating your cover.

If the insurer finds that a misrepresentation occurred, this can impact the outcome of a claim. For example, the insurer may choose to cancel your cover, change the amount of cover being provided, or change the terms of the cover provided to you. If this has occurred, it may result in some or all of the claim being declined.

If you need to make a complaint

If you don't agree with the insurer's decision to decline the insured benefit, you can make a complaint to the Fund. Our complaints handling information is available on our website.

We aim to resolve all complaints as soon as possible. A final response will be sent to you no later than 45 days from when your complaint was received.

If we're unable to resolve your complaint within 45 days, we will let you know.

Call us

1800 682 626

Monday to Friday
8:00am – 8:00pm AET

Write to us

Complaints Officer
Equip Super
GPO Box 4303
Melbourne VIC 3001

Email

complaints@equipsuper.com.au

Online

equipsuper.com.au/complaints

How to certify documents

A certified copy is simply a photocopy of an original document, which has then been witnessed, signed and stamped as being a 'certified true copy' of the original by an authorised person. Please note that we cannot accept a photocopy of certified documents.

Which documents can I use to prove my identity?

The documents listed below can be used to prove your identity. Any documents you provide must be certified as true copies by a person who is authorised to certify documents.

A certified copy of **ONE** of the following documents **ONLY**:

- Current Australian or foreign driver's licence (including the back of the driver's licence if your address has changed)
- Australian passport (may be used if expired in last 2 years)
- Current foreign passport, or similar document issued for the purpose of international travel
- Current card issued under a State or Territory for the purpose of proving a person's age
- Current national identity card issued by a foreign government for the purpose of identification

OR

A certified copy of **ONE** of the following documents:

- Birth certificate or extract
- Citizenship certificate issued by the Commonwealth
- Pension card issued by Centrelink that entitles the person to financial benefits

AND

A certified copy of **ONE** of the following documents:

- Letter from the Department of Human Services (Centrelink) or other Government body in the last 12 months regarding a Government assistance payment
- Tax Office Notice of Assessment issued in the last 12 months
- Rates notice from local council issued in the last 3 months
- Electricity, gas or water bill issued in the last 3 months
- Landline phone bill issued in the last 3 months (note mobile phone bills will not be accepted)

What's the correct way to certify documents?

All copied pages of original supporting documents or proof of identity documents need to be certified as true copies. To do this, the authorised person must:

- sight the original and the copy and make sure both documents are identical
- make sure **all pages** have been certified as true copies by writing or stamping 'certified true copy' **on each page**
- sign, print their name, print their qualification (e.g. Justice of the Peace, Australia Post employee etc) and registration number (if applicable) **on each page**, and
- date their certification (must be within 12 months of receiving the document to certify) also **on each page**.



Certified true copy
J. Sample
Mr John Sample
Justice of the Peace
Registration No. 123456789
Date: 01/01/2020

Who can certify documents?

The following people are commonly authorised to certify documents:

- Pharmacist
- Justice of the Peace
- Notary Public
- Medical practitioner or nurse
- Police officer
- Accountant (CA/CPA)
- Legal practitioner
- Financial planner (Officer with or Authorised Representative of an Australian Financial Services Licensee) (with two years' experience)
- Full-time teacher (school or tertiary)
- Bank/credit union/building society officer (with two years' experience)
- Permanent employee of a Commonwealth, State/Territory or local government (with two years' service)

Who can certify documents outside Australia?

Outside of Australia, the following people can be used to certify documents:

- An authorised staff member of an Australian Embassy, High Commission or Consulate
- An authorised employee of the Australian Trade Commission who is in a country or place outside Australia
- An authorised employee of the Commonwealth of Australia who is in a country or place outside Australia
- A Member of the Australian Defence Force who is an officer or a non-commissioned officer with two or more years of continuous service
- Notary Public from a country ranked from 1 to 129 in the latest Transparency International Corruptions Perception at [transparency.org](https://www.transparency.org)

Have you changed your name?

If you've changed your name, you must provide a certified copy of the relevant name change document. For example – a marriage certificate, deed poll, decree nisi/divorce order, or change of name certificate issued by the Births, Deaths and Marriages Registration office.

For more information on proof of identity, please head to our website at equipsuper.com.au/super-forms and click on 'Update account details' for our *Proof of identity guide*.

If you're having trouble providing the documents needed to prove your identity, please give our team a call on **1800 682 626**, Monday to Friday 8:00am to 8:00pm AET.

Support directory

Being diagnosed with a terminal illness is stressful for you as well as your family. And going through the process of making an insurance claim may seem like an additional challenge. But our team is here to help guide you and ensure the claims process is as easy and straightforward as possible.

Taking care of you

If you've received a serious diagnosis, it's especially important to be mindful of your own care and wellbeing. If you're feeling overwhelmed or distressed, you might like to consider these services as a potential source of support.

- Lifeline Australia on 13 11 14 (available 24 hours)
- Beyond Blue on 1300 224 636 (available 24 hours)
- MensLine Australia on 1300 789 978 (available 24 hours)
- Thirrili on 1800 805 801 – support for Aboriginal and Torres Strait Islander people and communities (available 24 hours)



Speak with our team

Remember, our team is here to support and guide you if you need to make a claim. At Equip Super, we're here to act in your best financial interests – and we've been doing that for our members for nearly 100 years.

If you'd like assistance, please get in touch.

Call us:

1800 682 626

Monday to Friday 8:00am to 8:00pm AET

Visit our website:

equipsuper.com.au

Email us:

equipsuperinsurance@mercero.com

Equip Financial Planning

Equip Super offers expert financial advice services through our licensed Financial Planners.* Our advisers can provide assistance on the likely impact of any benefit payment with regards to your personal financial situation, and help you make informed decisions about receiving and managing your benefit.

To book an appointment with an Equip Super Financial Planner, head to our website or give us a call.

Call us:

1800 065 753

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MetLife 360Health

Virtual health care – at no extra cost

Did you know that you, as well as your spouse, children, parents and parents-in-law, have access to online health care at no extra cost?

It's all part of your membership with us. Our insurer, MetLife, has partnered with Teladoc Health to bring you 360Health Virtual Care to provide online healthcare with access to a suite of services, including:

- Medical
- Mental health*
- Nutrition

To find out more, visit

equipsuper.com.au/360health

*Please note this service is only available to adults aged 18 years and over.

If you need to make a complaint

If you're not satisfied with any aspect of the service you receive from us, or if you don't agree with the insurer's decision to decline the sum insured, you can make a complaint to the Fund.

To find out more about how to make a complaint:

Call us:

1800 682 626

Monday to Friday 8:00am to 8:00pm AET

Visit our website:

equipsuper.com.au/complaints

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes:

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We're here to help

Remember, our team is here to support and guide you if you need to make a claim. If you'd like assistance, please get in touch.

Equip Super

1800 682 626

Monday to Friday 8:00am to 8:00pm AET

equipsuper.com.au



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