

It is never an easy time when you or a loved one are diagnosed with a life changing injury or illness. Superannuation and associated insurance benefits can provide some financial assistance during this uncertain time if you are unable to work and/or earn an income as a result of your medical condition.

Whether you have a small superannuation account or additional insurance cover we are here to ease and assist you through our claim process.

About this form

Please complete this form to initiate your intention to claim a disablement benefit. We are unable to start the claim process until sufficient information leading up to the date you last worked is obtained to accurately establish all of the benefits you may be entitled to claim. With your authority we will seek this information from your last employer, or any other party deemed necessary.

What are the steps involved in assessing the claim?

Our claims process incorporates a number of steps, and there are roles for us, for the Insurer and for you.

Once your eligibility to claim is confirmed, we will send you the appropriate claim forms and your claim can commence.

In the first instance, we will require detailed personal information about your condition. You will need to complete a Member Statement, your doctor will need to complete a Treating Doctor's report and your employer will need to complete an Employer statement. These forms will be sent to you once eligibility to claim has been confirmed. The information will be reviewed to determine if either a decision can be reached or if additional information is needed.

The Insurer will assess your claim for any insured benefit and the Trustee will assess your eligibility to withdraw funds from your superannuation account.

How long will it take to assess the claim?

Each case is different and dependent on the medical condition and personal circumstances of the member.

Generally complex disablement claims can take up to 6 months to assess. The process can take longer if information is not returned from you, your employer, your treating doctor, specialists or other professionals engaged by the Insurer or Trustee.

We will do whatever we can to reach a decision as quickly as possible and we will keep you regularly updated throughout the process.

What is the role of the Trustee during the claims process?

The Trustee has a duty to act in the best interests of the members. We oversee the insurer's actions to ensure they act fairly and reasonably in their assessment and decisions. The Trustee is also responsible for the final decision of all payments in relation to disablement claims.

Need help?

☎ Call us on 1800 682 626 or 🌐 www.equipsuper.com.au 📍 Equip, GPO Box 4303, Melbourne VIC 3001

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383 as trustee for Equipsuper Superannuation Fund ABN 33 813 823 017 USI 33 813 823 017 000

Publication No: ESF_Insc_ClaimConsent_0720

What is the role of the Insurer?

The Insurer will make an assessment of the claim based on the information provided to them. The Insurer will then communicate their decision to the Trustee.

An update will be provided to you at least every 20 business days, about the progress of your claim. The insurer will also provide you with direct contact information to your assessor if you have any queries along the way.

How will payments be made if the claim is accepted?

An insured amount (if any) will be paid to the fund to form part of your superannuation account balance. The Trustee will assess your eligibility for early release of the account balance and if approved this will be paid according to the instructions you provide.

Are there any tax or financial implications when the benefit is paid?

We suggest you seek financial advice about any tax which might be deducted prior to payment of a benefit, the impact on Centrelink or other benefits if you are considering taking a lump sum.

If the insurer decides not to accept the claim, will the Fund review that decision?

The Trustee has a duty to act in the best interests of the fund's members and is bound by the covenants in the Superannuation Industry (Supervision) Act 1993.

The Insurer will inform the Trustee of their decision to decline your claim. The Trustee will review this decision to ensure it was reached fairly and reasonably.

- If the Trustee agrees with the Insurer to decline your claim, the reasons supporting this decision will be provided to you in writing.
- If the Trustee does not agree with the Insurer's decision, the claim will be referred back to the Insurer for reconsideration. We will contact you to advise of the next steps.

Where a claim may be declined you will always have the opportunity to provide further information that you believe supports your claim at any time.

The Terms of Cover

The terms and conditions of insurance, including the policy's standard exclusions and limitations, are described in detail within the Product Disclosure Statement, the Insurance in your super guide and/or other communications you may have received since joining the fund.

The Product Disclosure Statement is available on our website www.equipsuper.com.au and we encourage you to refer to the document prior to returning your Consent and Declaration to initiate your claim.

Claim declaration and consent



Member account details

Please complete in pen using CAPITAL letters

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (ddmmyyyy) <input type="text"/>	Member number <input type="text"/>
First name <input type="text"/>	Last name <input type="text"/>		
Residential address (must be provided) <input type="text"/>			
Suburb <input type="text"/>			
State <input type="text"/>	Postcode <input type="text"/>	Country (if not Australia) <input type="text"/>	
Postal address (if different from Residential address) <input type="text"/>			
Suburb <input type="text"/>			
State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>	
Business hours phone <input type="text"/>	After hours phone <input type="text"/>	Mobile <input type="text"/>	
Email <input type="text"/>			

Declaration and consent

- I acknowledge this Declaration forms part of the processing of my claim for a disablement benefit.
- I understand that in order to assess and process my claim for a benefit, the Trustee may need information about me including but not limited to medical, financial, legal and employment information.
- I consent to the Trustee obtaining information about me from my past and present employers, medical practitioners that I have consulted at any time and any that the Trustee wishes to appoint to examine me, legal practitioners, health service providers, legal tribunals and courts, investigations by organisations, accountants or other consultants, insurance or reinsurance companies, and any organisation appointed by the trustee of the Equisuper Superannuation Fund in relation to my claim for a disablement benefit.
- For the purpose of this claim for a benefit and any future claim for a benefit, I also consent to the Trustee disclosing information about me to any of the organisations mentioned above in so far as such disclosure is necessary for the Trustee to perform its functions.
- I understand that if I do not provide all or part of the necessary information my claim may not progress.

Member's Signature

Date (ddmmyyyy)

Please return this form and any attachments to us by email to equisuperadministration@mercer.com or by post to Equip, GPO Box 4303, Melbourne Vic 3001.

Need help?

Call us on 1800 682 626 or www.equisuper.com.au Equip, GPO Box 4303, Melbourne VIC 3001

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383 as trustee for Equisuper Superannuation Fund ABN 33 813 823 017 USI 33 813 823 017 000

Publication No: ESF_Insc_ClaimConsent_0720