

Insurance claim enquiry for Spouse & Rollover members

Note: This form is only for eligible members with an APSS Spouse Account or APSS Rollover Account, or their representatives/beneficiaries. This form is only to begin the process for making a claim. Instead of completing and returning this form to start the process, you can (and may prefer) to call *SuperPhone* 1300 360 373.

Your details

Name: _____

Address: _____

State: _____ Postcode: _____

Member account number: _____ Date of birth: _____

This number is shown on the APSS Annual Benefit Statement.
For Australia Post Employees it is the same as the APS number.

I am enquiring:

- As an eligible APSS member with an APSS Spouse or APSS Rollover account
 On behalf of an eligible member

I am enquiring about how to make a claim for:

- Death
 Total & Permanent Disablement (TPD)
 Terminal Illness

When we receive this form, we may contact you to provide additional information and/or send you the relevant paperwork to complete in order to progress the claim.

Authorisation to the Trustee of the APSS

- I declare that I have read and understood the information on my contained in the *Guide to your Member Savings* booklet that forms part of the *Your Member Savings* Product Disclosure Statement (available to download at apss.com.au under the *Publications & Forms* tab, in the *Product disclosure* section).
- I understand that any claim will be subject to acceptance by the Insurer, and the Insurer will require me to complete other forms, provide medical evidence etc. and that the Insurer's assessment may take some time.
- (If currently overseas) I acknowledge that the Insurer may require my return to Australia at my own expense for the assessment of my claim. I also acknowledge that if I do not return when required by the Insurer, the Insurer is not required to pay a benefit, and if I do not return within six months, the Insurer will cease considering my claim and will only start considering my claim again when I return and make a request in writing. Finally, I accept that no benefit will be payable if the illness or injury giving rise to my claim is directly or indirectly caused by war (which includes undeclared war, revolution, invasion, rebellion or civil unrest) outside of Australia.

Signature: _____ Date: _____

Australia Post Superannuation Scheme (ABN 42 045 077 895)
 Issuer: PostSuper Pty Ltd (ABN 85 064 225 841)
 RSE Licence Number L0002714 APSS Registration Number R1056549
 For more information call *SuperPhone* on 1300 360 373 or visit apss.com.au



When completed, this form can simply be sent back by email to sr@apss.com.au
 or by posting it to APSS, Locked Bag A5005, Sydney South NSW 1235.