

Making an insurance claim – Rollover and Spouse members

This fact sheet is for Rollover or Spouse members and explains the steps to make an insurance claim for Total and Permanent Disablement (TPD), terminal illness or if a member has died.

When can I make an insurance claim?

Insurance as part of a Member Savings account covers members for TPD, terminal illness and death.

An insurance benefit may be payable if a member had insurance cover as part of their Member Savings account when they become ill, injured or died.

Members with insurance cover can make a claim for a TPD or Terminal illness benefit if they meet the definition of TPD or Terminal illness under the insurance policy and they satisfy the other eligibility criteria. The definitions are contained in the *Guide to your Member Savings for Rollover and Spouse members* – available at apss.com.au or by calling SuperPhone on **1300 360 373**.

If a member dies, the beneficiaries of the member's estate can submit a claim. A lump sum death benefit can only be paid to a deceased member's dependants or their legal personal representative (which means the executor or administrator of their estate). For more information about beneficiaries, read the *Choosing your beneficiaries* fact sheet.

How much is the insured benefit?

The amount of the benefit depends on the member's age and the number of units of cover they had at the time the benefit is calculated. Members can find out how much insurance cover they have by logging into their account at apss.com.au and clicking the *Insurance Details* tab.

How to make a claim

To make a claim, call SuperPhone **1300 360 373** and we will tell you which forms you will need to complete and will send them to you, and we will also tell you what other documents you will need to provide to support your claim.

You must send the required documents to the APSS as soon as possible after an event that entitles you to make an insurance claim.

While the cover applies worldwide, the Insurer may ask you to return to Australia at your own expense for the claim to be assessed. If you do not return when required by the Insurer, the Insurer is not required to pay a benefit, and if you do not return within six months, the Insurer will cease considering your claim and will only start considering your claim again when you return and make a request in writing.

Successfully-claimed benefits will generally comprise an insured benefit paid for by the Insurer, plus a benefit drawn from your account balance.

If the Insurer pays an insured benefit to the Trustee in respect of your claim, that benefit will be invested in the Cash option until it is paid to you or your Beneficiaries, or you choose to make another investment choice.

If the benefit is payable due to TPD or Terminal Illness, the amount drawn from your account balance will remain invested in your selected investment option(s) until the date of payment.

If the benefit is payable because you have died, then your account balance will be transferred to the Cash option when the claim is reported to the APSS Trustee.

Making a benefit claim – Rollover and Spouse members (continued)



How long do claims take?

The length of time it takes to finalise a decision depends on many factors, including how quickly the APSS receives the required documents, and how long it takes for the Insurer and the Trustee to assess your claim. This all may take a few months, or longer, to sort out and finalise.

What happens if I'm not happy with the decision?

If your claim is denied, we will write to you and provide you with an outline of the reasons why your claim was denied.

Any objections to the decision may be submitted as a formal complaint to:

APSS Inquiries and Complaints Officer Locked Bag A5005, Sydney South NSW 1235

If you are not happy with the subsequent complaint response, you may be eligible to submit a complaint to the Australian Financial Complaints Authority (AFCA), an independent body established by the Federal Government to review, consider and resolve complaints from consumers across the entire financial system, including the superannuation sector. Certain time limits apply to complaints submitted to the AFCA. Please visit afca.org.au for more information on these time limits.

Contact AFCA via phone **1800 931 678**, email info@afca.org.au or write to **AFCA, GPO Box 3, Melbourne VIC 3001**. Go to www.afca.org.au for more details.

More information

If you would like more information about any steps in this process or your eligibility to make a claim, call SuperPhone on **1300 360 373**.

For more information about your super or insurance, read the *Your Member Savings for Spouse and Rollover members* Product Disclosure Statement – available at apss.com.au or by calling SuperPhone on **1300 360 373**.

PostSuper Pty Ltd, the Trustee, provides insurance cover to eligible Spouse and Rollover members under a life insurance policy issued to the Trustee by MetLife Insurance Limited (ABN 75 004 274 882), (the Insurer).

This fact sheet contains general information about the Australia Post Superannuation Scheme (APSS). It is not intended to be financial product advice and does not take your personal circumstances into account. Before acting on any information contained in this document you should first consider its appropriateness to your own circumstances and consider the relevant PDS. You may wish to seek the advice of a licensed financial adviser. PostSuper Pty Limited is not licensed to provide you with financial product advice regarding your investment in the APSS. Neither Australia Post nor any Associated Employers holds an Australian Financial Services Licence and, therefore, neither is licensed to provide you with financial product advice.

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