

How to make a Total and Permanent Disablement claim

Total and Permanent Disablement (TPD) insurance provided by HESTA for Mercy gives you peace of mind knowing that you and your family are protected if you become unlikely (or incapable) of ever working again.

This fact sheet outlines the process for making a TPD insurance claim with HESTA for Mercy.

Your TPD insurance cover

TPD insurance cover can provide you with a lump sum to help with your long-term medical and other costs if you become permanently incapacitated and are unlikely (or incapable) of ever working again.

HESTA for Mercy offers flexible insurance cover so your level of cover may vary depending on any nominated options, your age and other factors.

To find out how much cover you have, login to your account via Member Online or contact us.

TIP: If you don't have TPD insurance cover, there are circumstances where you may be eligible to access your super account balance. Call us on 1300 368 891 to find out more.

Thinking of making a claim?

The purpose of HESTA for Mercy's insurance cover is to provide protection for you and your family in the event of your death or disablement. In the unfortunate event that you have suffered an injury or illness that has left you permanently unlikely (or incapable) of working, we urge you to contact us so we can help you through the claim process.

We'll help explain the steps involved in making a claim and we'll make sure you're looked after throughout the process.

Eligibility

You may be eligible for a TPD benefit if you satisfy the definition of Total and Permanent Disability, as assessed by the Fund's insurer.

For disabling events from 1 December 2022 the insurer must be reasonably satisfied that you are unlikely to ever work in any Gainful Employment for which you are:

- a. reasonably suited by Previous Education, Training or Experience; or
- b. may become reasonably suited due to Reasonable Retraining or Rehabilitation.

If you have not worked in the 16 months prior to your disabling event or have been on employer approved leave for more than 24 months or have worked for less than 10 hours per week in 6 months (or period of employment if less) prior to your disabling event you are required to be incapable of ever working in any Gainful Employment for which you:

- a. are reasonably suited by Previous Education, Training or Experience; or
- b. may become reasonably suited due to Reasonable Retraining or Rehabilitation.

Different definitions may apply for disabling events that occurred prior to 1 December 2022.

Further details about TPD eligibility and definitions of terms can be found in our *Insurance options guide* which is available from our website and in the Fund's insurance policy.

Important: Three-month waiting period

The insurer will only consider your claim once you've been off work for at least three consecutive months due to ill health or injury. The waiting period will be waived in some circumstances if you suffer cardiomyopathy, cognitive loss, dementia (including Alzheimer's disease), head trauma, loss or paralysis of a limb, motor neurone disease, multiple sclerosis, muscular dystrophy, parkinson's disease, primary pulmonary hypertension or specific loss of sight, hearing or speech.

Some lawyers may tell you that your claim will only be accepted if you agree to pay them part of your benefit to act on your behalf. HESTA for Mercy is obliged by law to act in your best interests. That includes vigorously pursuing all legitimate insurance claims. Not appointing a lawyer in the first instance would not be expected to impact your right to do so later or to challenge a decision of the Fund in relation to your claim. You should carefully consider that the cost of legal expenses may reduce any benefit you might receive.

Making a claim

Here's an overview of the claim process:

	What you need to do	What we will do
STEP 1: Contact us	Before you do anything, call us on 1300 368 891 , drop in and see us or send an email to information@hestaformercy.com.au to discuss your circumstances.	We'll explain the steps involved, how long your waiting period is and provide you with the forms that need to be completed.
STEP 2: Return the information requested	After the 3 month waiting period (unless waived) has expired, there are a number of forms and documents that need to be provided to enable your claim to be assessed. This includes documents from you and your treating doctors. Note: It usually takes 4 - 8 weeks for the information to be received from these various parties.	We will request the information required from your employer to enable your claim to be assessed. Once we receive all of the completed forms we will submit the information to our insurer who will assess your claim. Note: The initial assessment usually takes about 2 weeks and often more information is required after this initial assessment before a decision can be made on your claim. Generally it will take several months for a decision to be made by our insurer.
STEP 3: Provide any additional information	We'll let you know if we require further information from you or your employer. If more medical information is needed the insurer will generally contact your doctor directly. You will need to provide any additional information requested. Any information requested from other parties usually takes 4 - 8 weeks to be received depending on the nature of the information.	We will liaise with the insurer to ensure your claim is progressed as quickly as possible. If we have your email address, we'll keep you updated on the progress of your claim.

Assessing your claim

The HESTA for Mercy Trustee will assess your claim in conjunction with the Fund's insurer. Generally, it will take several months for a decision to be made by our insurer.

If your claim is accepted:

We will contact you and ask how you would like your benefit to be paid. There are a number of options available and you may want to speak with one of our financial advisers to decide the best option for you.

Once you have made your decision, we'll provide you with the relevant paperwork to complete your claim. If you decide to take your benefit as a lump sum, we'll arrange for payment to be made to your nominated bank account.

If your claim is not accepted:

We will write to you and explain why you do not qualify for a TPD benefit. If you have any supporting information that has not previously been supplied, send this to us and request a reassessment. We'll forward the new evidence to the insurer and they will reassess your claim. You will be notified of the outcome once the reassessment is completed.

If you are not satisfied with the insurer's decision or reassessment of your claim, you can lodge a complaint with HESTA for Mercy.

Not satisfied with our response to your complaint?

If you're not satisfied with our response to your complaint, you may be eligible to take your complaint to the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers.

Mail: GPO Box 3, Melbourne VIC 3001

Call: 1800 931 678

Email: info@afca.org.au

Web: afca.org.au

We're here to help

HESTA for Mercy has a duty to look after our members' best interests and our insurer has a strong track-record of paying legitimate disability claims.

If you have any questions about your insurance cover or the claims process, call us on **1300 368 891** or send an email to **information@hestaformercy.com.au**. We'll help explain the steps involved and make sure you're looked after throughout the process. That's what we're here for. We mean it when we say we provide personal service built on empathy, professionalism and trust.

contact us

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