

# BT Claims Guide



# Insurance experts here for members, every step of the way.

We understand that making a claim can seem overwhelming. So, we're here to support you from your first call and aim to make the claim process as easy as possible.

From your first call, a Case Manager will be assigned to you and be on hand to help you and your family throughout this time. Your Case Manager will work out what type of claim you can make and guide you through the process.

To help you, this Claims Guide includes:

- an explanation of the cover type;
- the information you will need to provide when lodging a claim;
- a summary of what is involved in assessing a claim; and
- the different outcomes once a decision has been made.

The BT Claims guide provides information about making an insurance claim. For information about insurance cover, including eligibility and the terms and conditions that apply, you should refer to the applicable Product Disclosure Guide (PDS). For a copy of the applicable PDS, call us on 132 135 or visit [bt.com.au](http://bt.com.au).

The information in this guide is general information only and doesn't take into account your personal objectives, financial situation or needs. You should consider the appropriateness of any general information in this guide having regard to your own personal objectives, financial situation and needs. You should consider the Product Disclosure Statement before making a decision. Call 132 135 or visit [bt.com.au](http://bt.com.au) for a copy. You should obtain financial advice tailored to your personal circumstances.

Individual claims experiences may vary depending on circumstances and the cover held.

The insurer is AIA Australia Limited ABN 79 004 837 861, AFSL 230043.

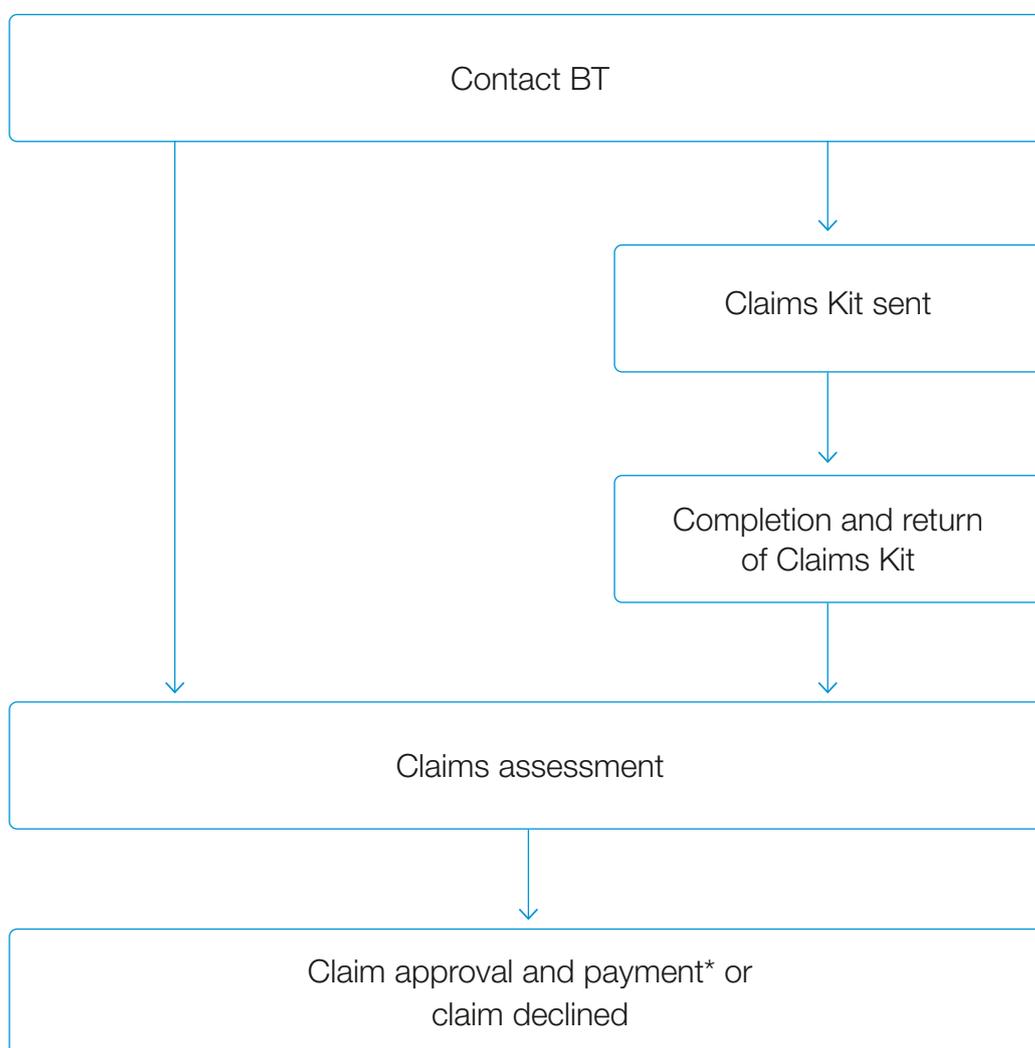
We are committed to respecting the privacy of personal information you give us. If you would like a copy of BT's Privacy Policy visit [bt.com.au/personal/help/privacy.html](http://bt.com.au/personal/help/privacy.html) or call 132 135.

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# The basic steps of claiming

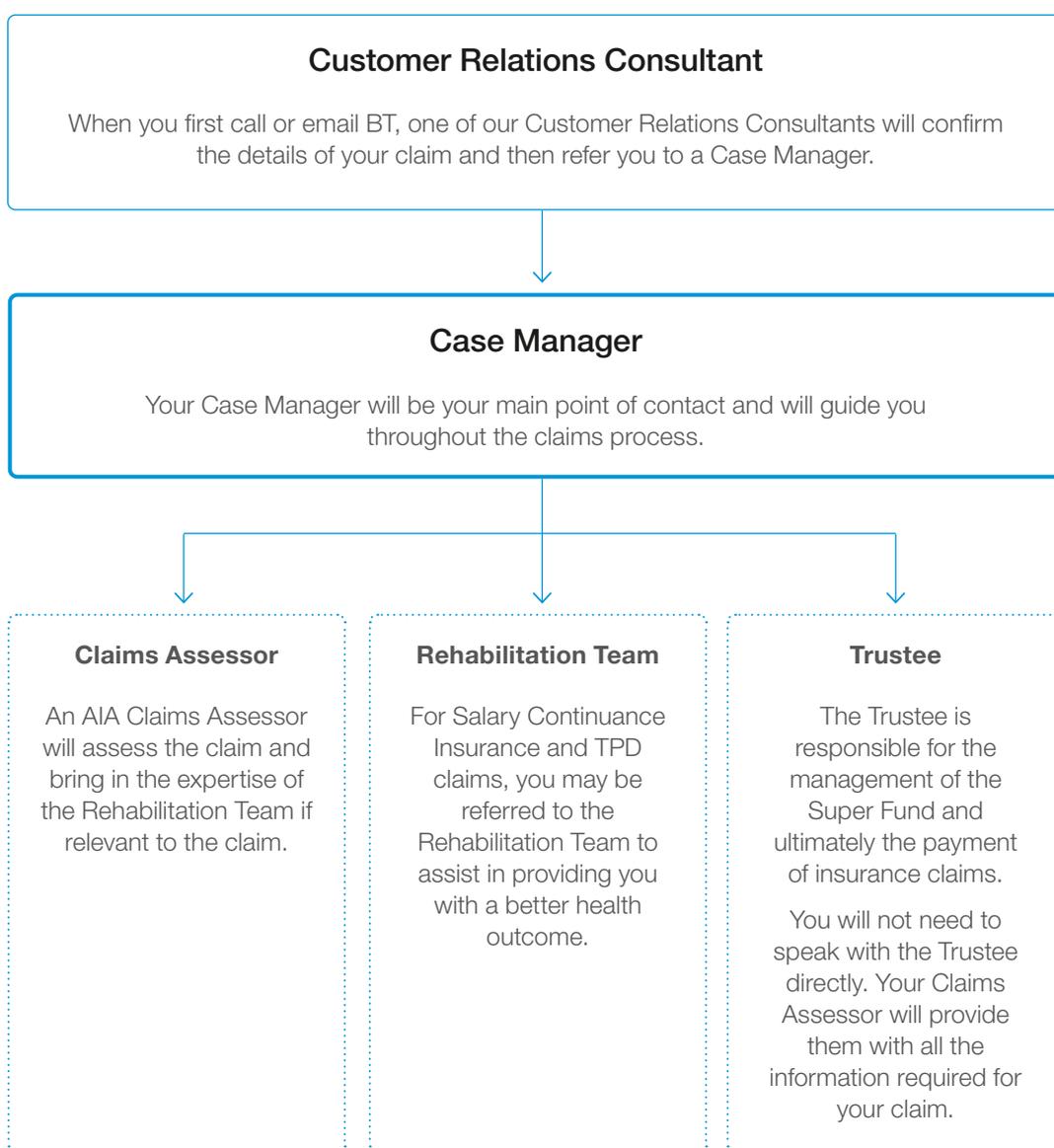
These are the high level steps that we'll go through with you when you want to make a claim. Your Claims Assessor will work out the type of claim relevant to you, and direct you to the appropriate section in this guide.



\* You must also meet a condition of release under superannuation law before the trustee can make a payment to you. Find out more at [www.ato.gov.au](http://www.ato.gov.au).

# Your claims team

There are a number of people involved when you make a claim on your insurance policy held inside your superannuation fund.



Salary Continuance  
Insurance (SCI)  
claims guide

# What is Salary Continuance Insurance (SCI)?

SCI provides financial support if you are unable to work to your full capacity due to a sickness or injury. Payments are usually equal to a percentage of salary and paid as regular income.

## What do you need to know about making a claim?

When you call, one of our Customer Relations Consultants will refer you to a Case Manager. To start your claim, you will need evidence from your doctor of the injury or sickness that is preventing you from working.

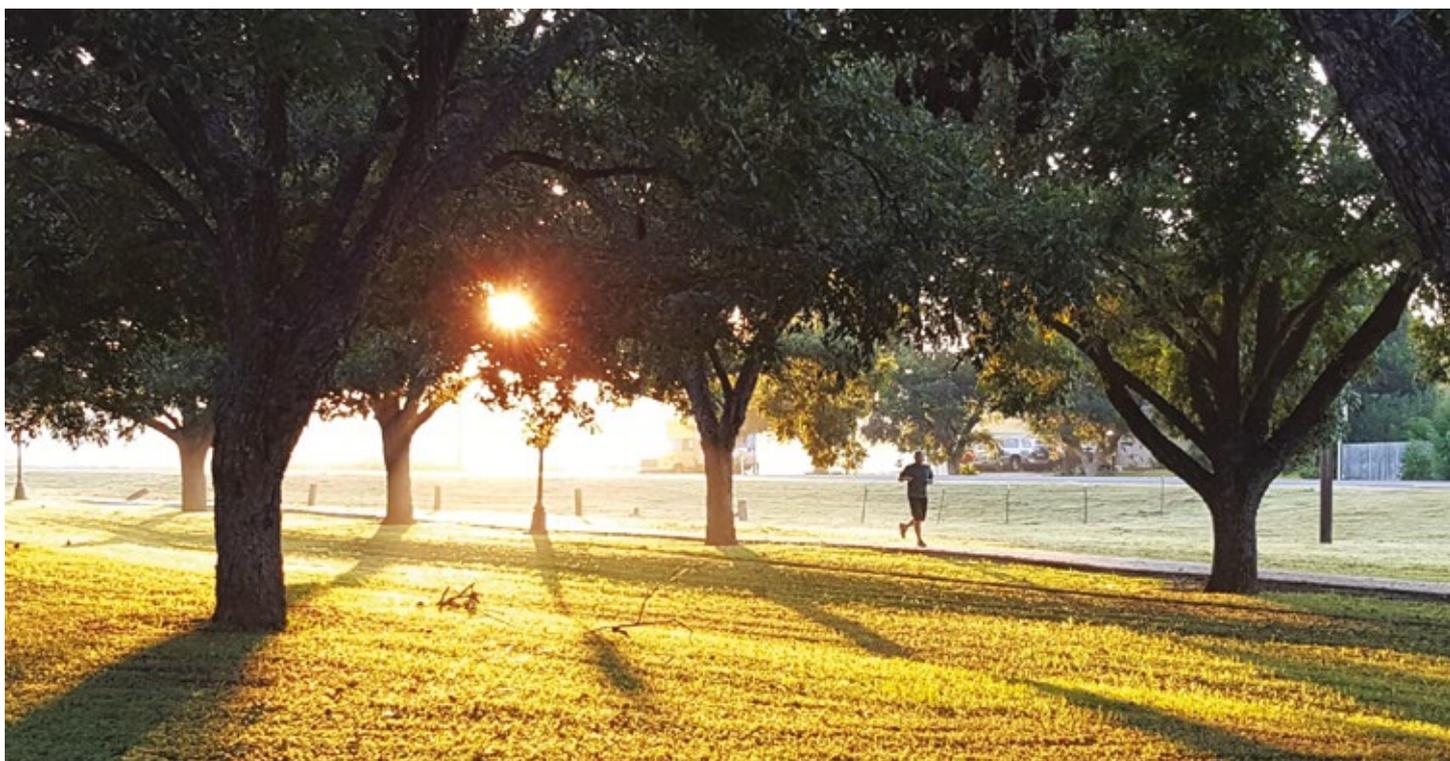
Please note that you will need to pay any costs associated with getting this confirmation from your doctor. However, once the claim is lodged, the cost of any additional reports or information will be covered by us.

## How is a claim paid?

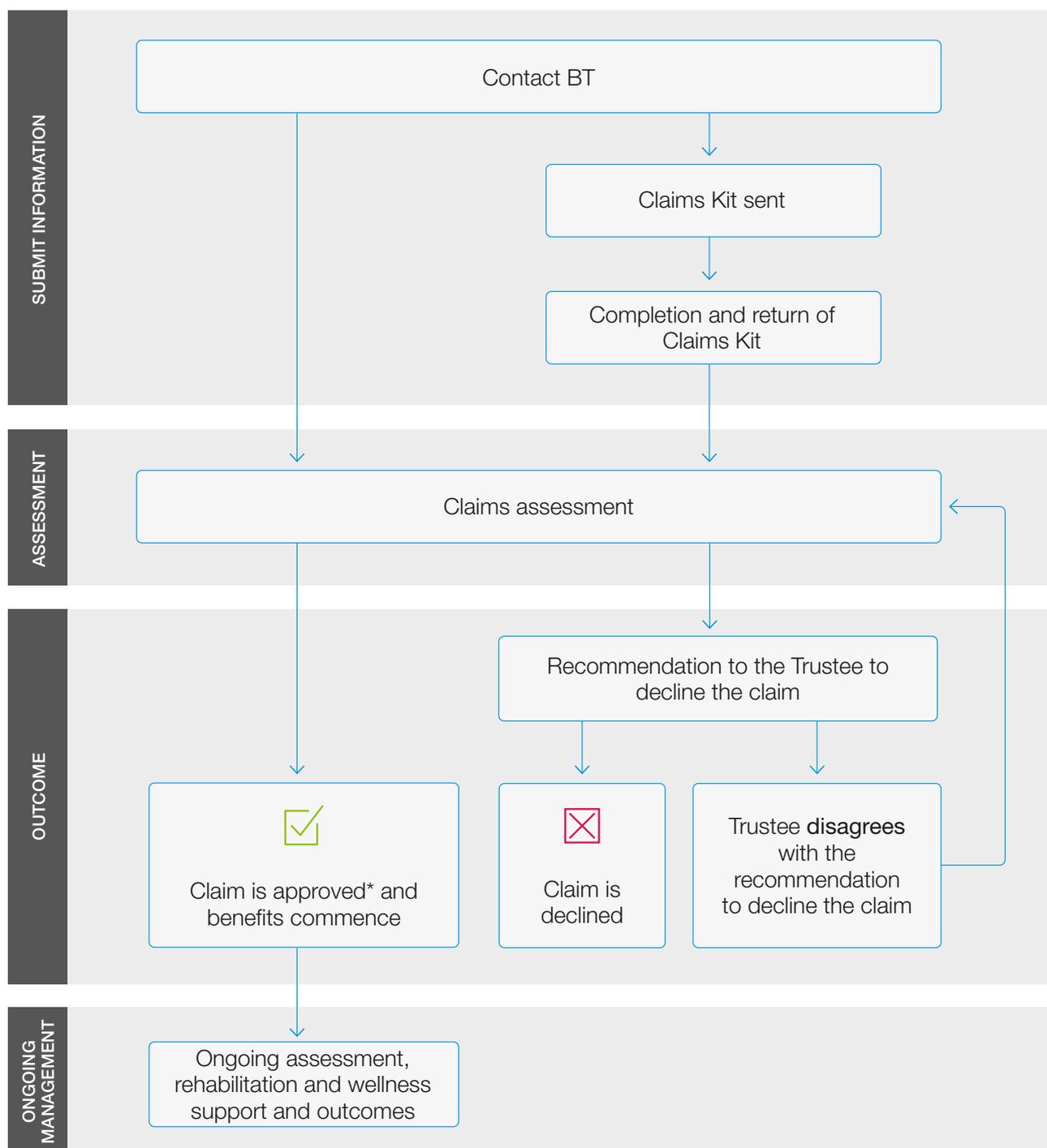
If your claim is approved, benefits are paid in arrears once your waiting period has ended (no benefits are paid during the waiting period).

Your benefits will continue until you are no longer certified unfit for work either partially or totally. This means when you can return to your full time duties. Depending on the terms of your insurance cover, an SCI benefit could be payable between 2 years up to you turning 65.

The amount paid may change if you return to work in a part-time or modified capacity. It will depend on your return to work income.



# SCI claims process



\* You must also meet a condition of release under superannuation law before the trustee can make a payment to you. Find out more at [www.ato.gov.au](http://www.ato.gov.au).

## SUBMIT INFORMATION

### Contact us

**Phone: 132 135**

So we can help you quickly, please have this information ready when you call:

- your member number (you can find this on your annual statement),
- details of the injury or sickness that's caused you to stop working including when the symptoms commenced, diagnosis and treatment, and
- date you last worked, salary and hours worked.

When you call, one of our Customer Relations Consultants will assign you to a Case Manager.

### Claims Kit sent

Your Case Manager will send you a Claims Kit. The kit contains all the forms required for your claim including any specific authorities (eg Medicare or Centrelink), bank details, employer information and Tax File Number declaration form.

## Complete and return the Claims Kit

Your Claims Kit will include a checklist that outlines the forms to complete and the documents that you will need to provide, for example a certified driver's licence, or your tax return.

Forms to be completed for a SCI claim:

**Initial Claim Form:** This form is to be completed by you, to provide us with your personal details, employer details, information about your sickness or injury, your last job and your income. Please ensure you complete the bank details, review the checklist, attach requested information and sign and date the form.

**Employer Form:** The form needs to be completed by your most recent or current employer. The employer form provides us with information about your employer, details of your employment, if you have returned to work or engaged in rehabilitation, your salary and if you have received any other income (eg sick leave) since ceasing work. Please note there is a checklist for your employer to complete at the end of the document.

**Medical Attendant's Statement:** This form is to be completed by your treating doctor who diagnosed your sickness or injury. The Medical Attendant's Statement provides us with the details of your sickness or injury including the history, diagnosis, treatment, occupation information and fitness for work/rehabilitation information.

Once all the forms have been completed including signatures and dates, please review the checklist one last time and send them back in the reply paid envelope included in your Claims Kit or via email at [InsuranceClaims@BTFinancialgroup.com](mailto:InsuranceClaims@BTFinancialgroup.com).

Please note that completing the forms correctly will assist us in completing the assessment of your claim as quickly as possible. So please read everything carefully and call us if you are unsure about anything.

## ASSESSMENT

### Claim assessment

Your Claims Assessor will review all the information you have provided and then get in touch to discuss the assessment and provide you with an update on the next steps. An initial letter or email will then be sent to you confirming the details of your claim along with the contact details of your Claims Assessor.

Next steps could include:

- obtaining report(s) from your doctor(s),
- additional information from your employer, or
- further information from yourself.

We will pay for any additional information required by your Claims Assessor.

## OUTCOME

### Claim is approved and benefits commence

If your claim is approved, your Claims Assessor will contact you to let you know. They will confirm:

- date of event (date of disablement)
- the waiting period (period in which benefits aren't paid)
- your monthly/fortnightly benefit amount (paid in arrears)
- when your benefits will commence
- the ongoing requirements (eg medical evidence or phone calls) to ensure you continue to receive your benefit.

### Recommendation to decline the claim

Your Claims Assessor will let you know in writing if we decide to decline your claim. You will be offered an opportunity to provide a response and any additional information.

If we still decide to decline the claim, we will make this recommendation to the Trustee.

### Claim is declined

The Trustee will review our recommendation along with all the evidence received from your Claims Assessor. If the Trustee agrees with our recommendation, then we will let you know that you will not receive a benefit. We'll also send a letter with the reasons for the decline and your options if you disagree with the decision.

You are entitled to lodge a complaint if you disagree with the decision or if you are not happy with the way your claim has been managed. The complaint will be reviewed and a response provided as quickly as possible.

### **AIA Group Complaints Team**

AIA Australia,  
PO Box 6111  
Melbourne VIC 3004

Email: [au.groupcomplaints@AIA.COM](mailto:au.groupcomplaints@AIA.COM)

If you're not satisfied with our response or the handling of your complaint, you may contact the Australian Financial Complaints Authority (AFCA).

### **Australian Financial Complaints Authority**

GPO Box 3  
Melbourne VIC 3001

Phone: 1800 931 678

Web: [www.afca.org.au](http://www.afca.org.au)

Email: [info@afca.org.au](mailto:info@afca.org.au)

## Trustee disagrees with the recommendation to decline the claim

If the Trustee disagrees with our recommendation, they may ask for a reconsideration or for further medical evidence to support the recommendation. At this point your Claims Assessor will be in touch about what will happen next. Your claim may need further assessment which could include obtaining further information in line with the Trustee's comments.

## ONGOING MANAGEMENT

### Ongoing assessment, health support and outcomes

Our primary focus is your health and wellbeing:

- restoring as much health and wellbeing as possible following a sickness or injury,
- achieving career and personal goals,
- maximising the possibility of independent living, and
- obtaining and retaining suitable employment.

Your Claims Assessor will work with you to identify goals and objectives for your recovery, and milestones to help you return to health.

During the ongoing claims assessment and in line with milestones agreed, your Claims Assessor may also suggest the use of our in-house Rehabilitation Team to assist in providing you with a better health outcome. This may include:

- physical recovery intervention, eg work conditioning program or a healthy eating program.
- psychological recovery, eg mindfulness programs or relaxation programs.
- cognitive recovery intervention, eg memory strategies or activity scheduling.
- return to work intervention, eg return to work plans or short term training courses.

## Your responsibility

We ask that you that you answer all questions honestly and keep your Claims Assessor updated with any changes in your circumstances after the lodgement of your claim as this could impact the assessment. Examples of changes are:

- your contact information has changed, eg home/postal address or phone number.
- you have returned to work in either a part-time or full-time capacity.
- you are in receipt of any other sources of income, eg Workers Compensation or Centrelink.
- your treatment details have changed, eg under the care of a new specialist or on new medication.
- you have lodged another claim (eg SCI, TPD) with another insurer.

## SCI claims checklist

Please ensure all the documents below are fully completed, signed, dated and included, when returning your Claims Kit.

- Initial Claim form
- Medical Attendant's Initial Statement
- Employer's Statement including job description and salary information
- Bank Details form
- Tax File Number Declaration form
- Resumé
- Certified Proof of Age (ie Driver's Licence certified by a Justice of the Peace)
- Specific Authority and Privacy Consent form
- Other authorities – Medicare, Centrelink etc (if applicable).

# Frequently asked questions about SCI claims

## What is a Waiting Period?

A Waiting Period is a period of time in which no benefit is paid. The Waiting Period starts once you are medically certified as unfit to work. The length of the waiting period depends on your policy terms and conditions.

## Does the Waiting Period re-start once I return to work?

It depends on your insurance policy whether the waiting period re-starts. If you return to work within the waiting period please contact us immediately so we can confirm the details and discuss the definition with you.

## Do I still receive a benefit if I return to work?

Yes, you can receive a partial benefit depending on your return to work income and the length of time you were completely unable to work. We use a formula that takes into account your salary prior to ceasing work, your monthly benefit and your return to work income.

## What if I am receiving other sources of income whilst in receipt of SCI benefits?

To work out the amount you will be paid, we consider all other income received. This could include sick leave, Workers' Compensation, another SCI benefit and Centrelink payments such as the Disability Support Pension. You cannot receive a higher level of total income, when receiving SCI payments, than you would have received prior to ceasing work.

## When do my benefits stop?

Your benefits will stop when you are no longer certified unfit for work either partially or totally. This means that you have full capacity to return to your full time duties that you were performing prior to ceasing work. Benefits also cease when you reach the end of your benefit period, which is the maximum amount of time we can pay benefits (eg 2 years, 5 years etc) or you turn 65. Some policies will also cease benefits if you receive a lump sum payment such as a Total and Permanent

Disablement or Terminal Illness payment. Your benefits will also stop if we haven't received a contribution or rollover for you for at least 16 consecutive months and we have to cancel your cover under the Protecting Your Super laws. This may also occur under the Putting Members' Interest First laws where we have to cancel your cover when your insurance is no longer paid by your employer, you have not met the Automatic Cover Date and have not provided an election to keep your cover.

## What do we mean by certified?

Any copies of documents that you provide (not originals) must be 'certified' as a true copy of the original. A person who is authorised to certify documents must sight both the original and the copy to make sure both are identical. They must write or stamp 'certified true copy' on the copies, sign, print their name and qualification (eg Justice of the Peace) and write the date on the documents.

## If I make a claim will my premiums increase?

If you've made a claim, your premiums will not increase outside of the normal parameters such as your age, general rate rises and increases due to indexation. However, based on your claim and the type of insurance you have, you may not be able to claim for that specific sickness or injury again.

## Do I continue to pay premiums when I lodge my claim?

If you're receiving payments for Salary Continuance Insurance, premiums are put on hold while you have an active claim. Premiums will re-commence once your claim is closed.

# Total and Permanent Disablement (TPD) insurance claims guide

# What is TPD insurance?

TPD insurance provides cover in the form of a single lump sum payment if you have a serious sickness or injury resulting in a permanent incapacity. TPD insurance is designed to help reduce the financial pressure associated with being unable to work.

## What do you need to know about making a claim?

When you call, you will be asked some questions to confirm you are eligible to claim with BT.

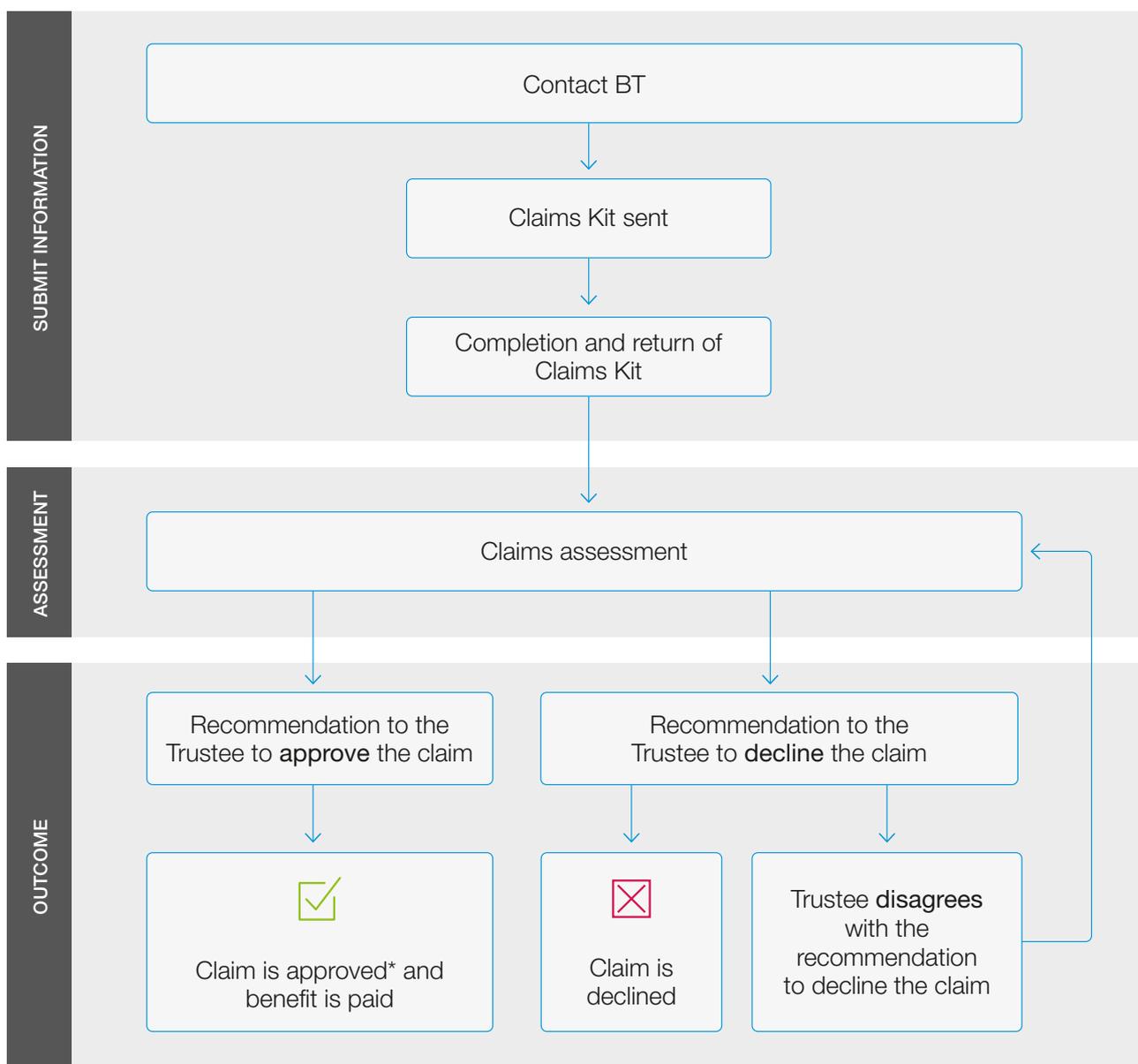
To make a claim, you need to meet one of the definitions of TPD in the insurance policy terms and conditions (we'll work this out for you). The definition of TPD varies depending on your occupation along with whether you were working or not immediately prior to the event giving rise to a claim (date of disablement).

To start your claim, you will need evidence from your doctor that you have an ongoing, serious injury or sickness that will make working or completing your normal day-to-day activities in the future difficult.

Please note that you will need to pay any costs associated with getting this confirmation from your doctor. However, once the claim is lodged, the cost of any additional reports or information will be covered by us.



# TPD insurance claims process



\* You must also meet a condition of release under superannuation law before the trustee can make a payment to you. Find out more at [www.ato.gov.au](http://www.ato.gov.au).

## SUBMIT INFORMATION

### Contact us

**Phone: 132 135**

So we can help you quickly, please have this information ready when you call:

- your member number (you can find this on your annual statement),
- details of the injury or sickness including when the symptoms commenced, diagnosis and treatment, and
- date you last worked, salary and hours worked.

When you call, one of our Customer Relations Consultants will ask you a few questions to confirm the details of your TPD cover.

### Claims Kit sent

Once your cover has been confirmed, our Customer Relations Consultant will refer your claim to a Case Manager who will send you a Claims Kit. This kit contains all the forms required for the lodgement of your claim.

## Complete and return the Claims Kit

Your Claims Kit will include a checklist that outlines the forms to complete and the documents that you will need to provide, for example a certified driver's license or your tax return.

Forms to be completed for a TPD claim:

**Initial Claim Form:** This form is to be completed by you to provide us with your personal details, employer details, information about your sickness or injury, your last job and your income. Please ensure you complete the bank details, review the checklist and attach requested information, and sign and date the form.

**Employer Form:** The form needs to be completed by your most recent or current employer. The employer form provides us with information about your employer, details of your employment, if you have returned to work or engaged in rehabilitation, your salary and if you have received any income since ceasing work. Please note there is a checklist for your employer to complete at the end of the document.

**Medical Attendant's Statement:** This form is to be completed by the treating doctor who diagnosed your sickness or injury. The Medical Attendant's Statement provides us with the details of your sickness or injury including the history, diagnosis, treatment, occupation information and fitness for work/rehabilitation information.

Once all the forms have been completed including signatures and dates, please review the checklist one last time and send them back in the reply paid envelope included in your Claims Kit or via email at [InsuranceClaims@BTFinancialgroup.com](mailto:InsuranceClaims@BTFinancialgroup.com).

Please note that completing the forms correctly will assist us in completing the assessment of your claim as quickly as possible. So please read everything carefully and call us if you are unsure about anything.

## ASSESSMENT

### Claim assessment

Your Claims Assessor will review all the information you have provided and then get in touch to discuss the assessment and provide you with an update on the next steps. An initial letter or email will then be sent to you confirming the details of your claim along with the contact details of your Claims Assessor.

Next steps could include:

- obtaining report(s) from your doctor(s),
- additional information from your employer, or
- further information from yourself.

We will pay for any additional information required by your Claims Assessor.

## OUTCOME

### Recommendation to pay the claim

If your Claims Assessor is satisfied that you meet the relevant TPD definition, then they will recommend to the Trustee that the claim be paid.

### Claim is approved

The Trustee will review our recommendation along with all the evidence received. If the Trustee is in agreement, you will be contacted and advised that your claim has been approved.

If your TPD claim is approved, you may also be able to withdraw your super account balance and any insured benefit.

### Recommendation to decline the claim

Your Claims Assessor will let you know in writing if we decide to decline your claim. You will be offered an opportunity to provide a response and any additional information.

If we still decide to decline the claim, we will make this recommendation to the Trustee.

### Claim is declined

The Trustee will review our recommendation along with all the evidence received from your Claims Assessor. If the Trustee agrees with our recommendation, then we'll let you know that you will not receive a benefit. We'll also send a letter with the reasons for the decline and your options if you disagree with the decision.

You are entitled to lodge a complaint if you disagree with the decision or if you are not happy with the way your claim has been managed. The complaint will be reviewed and a response provided as quickly as possible.

### **AIA Group Complaints Team**

AIA Australia,  
PO Box 6111  
Melbourne VIC 3004

Email: [au.groupcomplaints@AIA.COM](mailto:au.groupcomplaints@AIA.COM)

If you're not satisfied with our response or the handling of your complaint, you may contact the Australian Financial Complaints Authority (AFCA).

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Email: [info@afca.org.au](mailto:info@afca.org.au)

## Trustee disagrees with the recommendation to decline the claim

If the Trustee disagrees with our recommendation, they may ask for a reconsideration or for further medical evidence to support the recommendation. At this point your Claims Assessor will be in touch about what will happen next. Your claim may need further assessment which could include obtaining further information in line with the Trustee's comments.

## Your responsibility

We ask that you that you answer all questions honestly and keep your Claims Assessor updated with any changes in your circumstances after the lodgement of your claim as this could impact the assessment. Examples of changes are:

- your contact information has changed, eg home/postal address or phone number
- you have returned to work in either a part-time or full-time capacity
- you are in receipt of any other sources of income, eg Workers Compensation or Centrelink
- your treatment details have changed, eg under the care of a new specialist or on new medication
- you have lodged another claim (TPD, SCI etc) with another insurer.

## TPD insurance claims checklist

Please ensure all the documents below are fully completed, signed, dated and included when returning your Claims Kit.

- Initial Claim form
- Two Medical Attendant's Initial Statements
- Employer's Statement
- Resume
- Certified Proof of Age (ie Driver's Licence certified by a Justice of the Peace)
- Specific Authority and Privacy Consent form
- Other authorities – Medicare, Centrelink etc
- Superannuation documents

# Frequently asked questions about TPD insurance claims

## Will the claim assessment take long?

There are multiple steps involved in assessing a TPD claim, which can sometimes take a number of months depending on what documentation is required to ensure that the correct decision is made. The assessment requires a continual review of all relevant facts and new documentation that could include information from you, your employer, your doctor and medical specialists (eg Independent Medical Examination). Your Claims Assessor and your Case Manager will keep you regularly updated throughout the process.

## What happens if I am receiving Salary Continuance Insurance (SCI) payments?

If you are receiving SCI payments there is the possibility these may cease depending on the terms and conditions of the Salary Continuance Insurance policy. Some policies do not allow SCI benefits to continue if a lump sum payment is received. For further information please speak with your Claims Assessor or call 132 135.

## What if I am unemployed?

You are still able to submit a claim if you are unemployed.

## Is there a waiting period for TPD?

There can be a waiting period for TPD claims, however this is dependent on the definition of TPD that you are being assessed against. Some definitions have no waiting period while others can have up to 6 months. Please note there are specific policy terms for each of the different Waiting Period definitions.

## If I make a claim will my premiums increase?

If you've made a claim, your premiums will not increase outside of the normal parameters such as your age, general rate rises and increases due to indexation.

## Do I continue to pay premiums when I lodge my claim?

If you're receiving payments for Salary Continuance Insurance, you will no longer pay premiums. However, for TPD, you will continue to pay these premiums. If your claim is approved, the premiums will be refunded to your super account.

## What do we mean by certified?

Any copies of documents that you provide (not originals) must be 'certified' as a true copy of the original. A person who is authorised to certify documents must sight both the original and the copy to make sure both are identical. They must write or stamp 'certified true copy' on the copies, sign, print their name and qualification (eg Justice of the Peace) and write the date on the documents.

# Death insurance claims guide

# What is Death insurance?

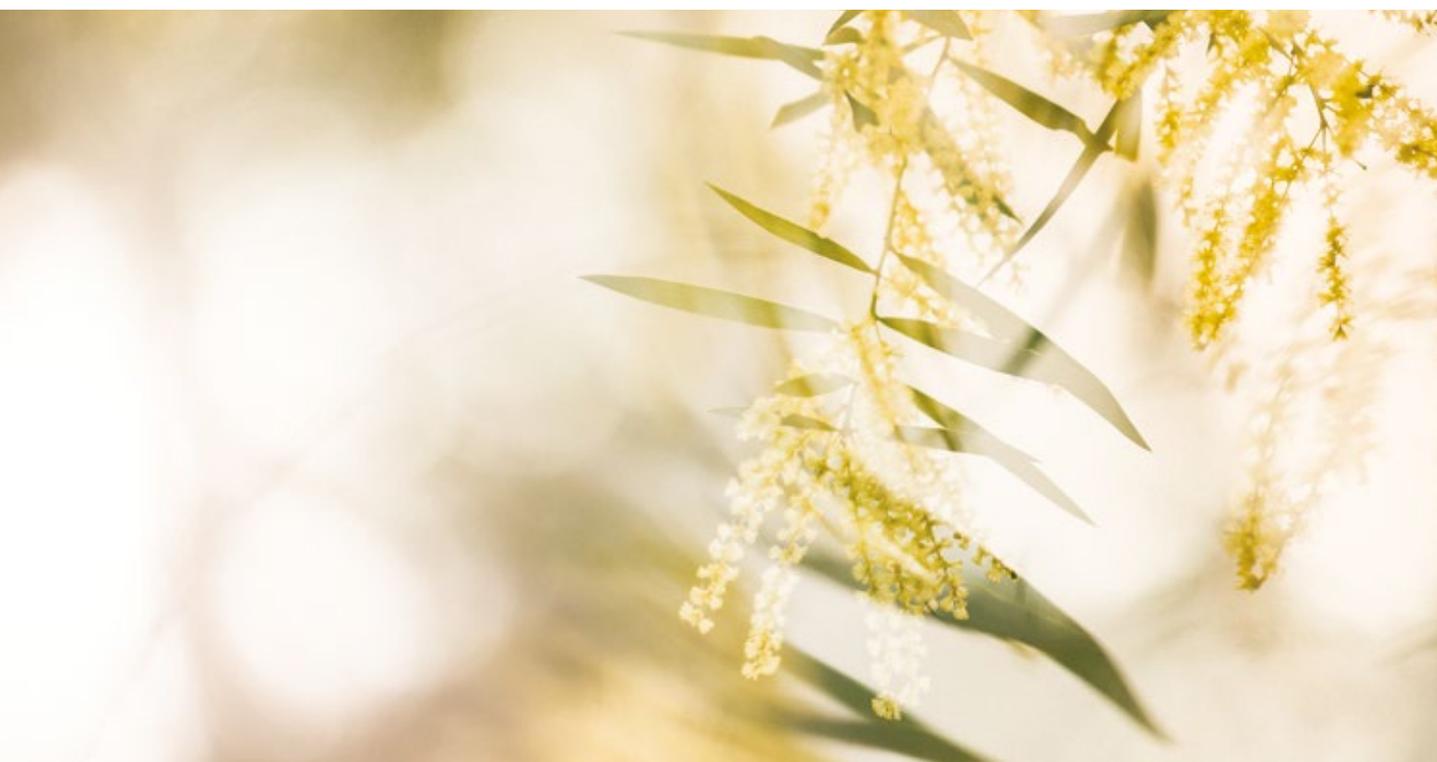
Death insurance provides a single lump sum payment to a deceased person's loved ones, or to their estate, when they pass away. Death insurance is designed to relieve the financial pressure of things such as the loss of income and funeral expenses.

## Who can lodge a Death claim?

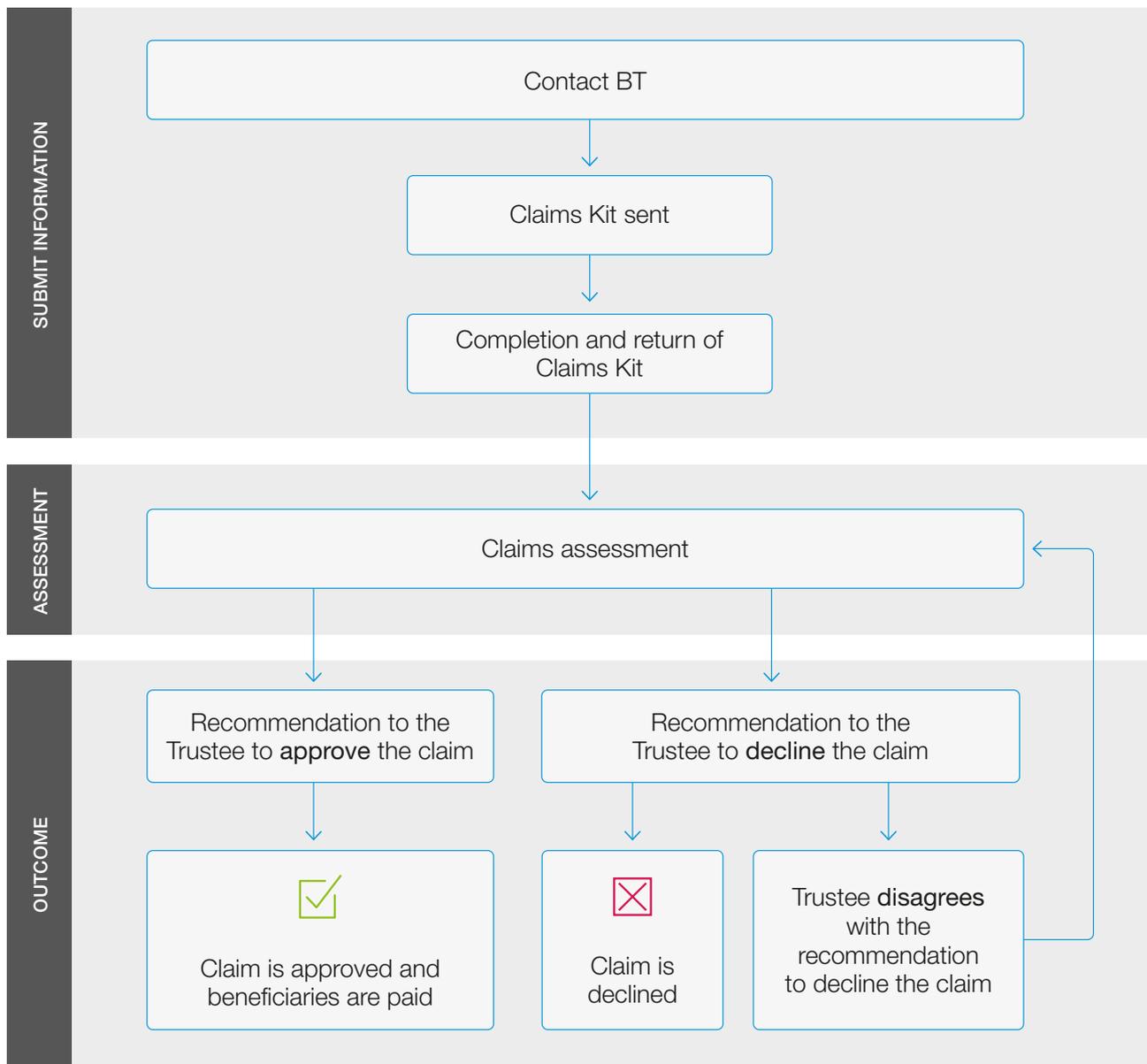
A Death Claim is a claim for a deceased person's Death insurance cover and any superannuation benefit.

AT BT we will accept the lodgement of a Death claim from:

- a spouse
- a relative
- a friend
- a solicitor acting for the estate
- an adviser



# Death claims process



## SUBMIT INFORMATION

### Contact us

To begin the claim, we require the following initial information:

- member number (if available, you can find this on the member's annual statement if you have a copy)
- member's full name
- date of death (include a certified copy of the death certificate if available)
- member's date of birth (include a certified copy of the member's birth certificate, passport, driver's licence etc if available)
- address (postal and/or email) where future correspondence should be sent.

Please mail or email this information to:

**Address:** GPO Box 2469, Adelaide, SA 5001, Australia

**Email:** [InsuranceClaims@BTFinancialGroup.com](mailto:InsuranceClaims@BTFinancialGroup.com)

If you have any questions please call your Case Manager on 132 135.

### Claims Kit sent

Once you've sent through the above information and we've determined what additional information is required to complete the initial assessment, your Case Manager will send you a Claims Kit. This kit contains all the forms required for the claim.

## Complete and return the Claims Kit

Your Claims Kit will include a checklist that outlines the forms to complete and the documents that you will need to provide.

Please note that completing the forms correctly will assist us in completing the assessment of the claim as quickly as possible. So please read everything carefully and call us if you are unsure about anything.

Once all the forms have been completed, including signatures and dates, please review the checklist one last time and send them back in the reply paid envelope included in your Claims Kit or via email at [InsuranceClaims@BTFinancialGroup.com](mailto:InsuranceClaims@BTFinancialGroup.com).

## ASSESSMENT

### Claim assessment

A Claims Assessor will review all the information you have provided and complete an initial assessment of your claim.

## OUTCOME

### Recommendation to pay the claim

If your Claims Assessor is satisfied that the deceased meets the relevant insurance policy terms and conditions, then they will recommend to the Trustee that the claim be paid.

### Claim is approved

The Trustee will review the recommendation along with all the evidence received, and if the Trustee agrees with the recommendation a death benefit will be payable. The Trustee will determine who will receive the payment. If there aren't any valid nominated beneficiaries, then discretion is used and the Trustee may require further documentation.

## Recommendation to decline the claim

Your Claims Assessor will let you know in writing if we decide to decline the claim, and you will be offered an opportunity to provide a response and any additional information.

If we still decide to decline the claim, we will make this recommendation to the Trustee.

## Claim is declined

The Trustee will review our recommendation along with all the evidence received from your Claims Assessor. If the Trustee agrees with our recommendation, then we will let you know that you will not receive a benefit. We'll also send a letter with the reasons for the decline and your options if you disagree with the decision.

You are entitled to lodge a complaint if you disagree with the decision or if you are not happy with the way your claim has been managed. The complaint will be reviewed and a response provided as quickly as possible.

### **AIA Group Complaints Team**

AIA Australia,  
PO Box 6111  
Melbourne VIC 3004

Email: [au.groupcomplaints@AIA.COM](mailto:au.groupcomplaints@AIA.COM)

If you're not satisfied with our response or the handling of your complaint, you may contact the Australian Financial Complaints Authority (AFCA).

### **Australian Financial Complaints Authority**

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Phone: 1800 931 678

Web: [www.afca.org.au](http://www.afca.org.au)

Email: [info@afca.org.au](mailto:info@afca.org.au)

## Trustee disagrees with the recommendation to decline the claim

If the Trustee disagrees with our recommendation, they may ask for a reconsideration. At this point your Case Manager will be in touch about what will happen next. Your claim may need further assessment which could include obtaining further information in line with the Trustee's comments.

### Your responsibility

We ask that you that you answer all questions honestly and keep your Case Manager updated of any changes in your circumstances after the lodgement of your claim as this could impact the assessment. Changes include those to your contact information, eg home/postal address or phone number.

### Death claims checklist

Please ensure all the documents below are fully completed, signed, dated and included when returning your Claims Kit.

- Certified copy of the Death Certificate (certified by a Justice of the Peace)
- Certified Proof of Age (eg driver's licence certified by a Justice of the Peace)
- Next of Kin Authority
- Employer form
- Superannuation documents

# Frequently asked questions about Death claims

## Where do I get the Death Certificate?

Each state and territory has a government register for births, deaths and marriages. Please contact the office in your state or territory to obtain a copy of the Death Certificate.

## What do we mean by certified?

Any copies of documents that you provide (not originals) must be 'certified' as a true copy of the original. A person who is authorised to certify documents must sight both the original and the copy to make sure both are identical. They must write or stamp 'certified true copy' on the copies, sign, print their name and qualification (eg Justice of the Peace) and write the date on the documents.

## What does an executor do?

The executor administers the Will. They are charged with locating the Will and following the Will's instructions for funeral requirements, collecting all assets, finalising outstanding liabilities and distributing the assets in accordance with the deceased person's instructions.

## If I'm named in the Will, why does the Trustee decide who will receive benefits from the deceased's estate?

Monies in the superannuation system are unique in that they don't fall under state estate law, but federal superannuation law. Under federal superannuation law, unless the deceased left a valid binding nomination or valid non-lapsing nomination, it's the responsibility of the Trustee of the superannuation fund to decide who receives the benefits.

## What is Probate?

Probate is the legal process of proving a Will, appointing an executor, and settling an estate. It's more widely understood as the legal process whereby a Deceased person's estate is administered and distributed.

## Where is the benefit paid to?

The Trustee will pay any binding beneficiaries nominated, if valid. If a binding nomination or valid non-lapsing nomination has not been made, or the nomination is invalid, the Trustee will need to determine which beneficiary and/or estate is paid. They will need further information which could include certified copies of the following:

- **The Will and Grant of Probate:** a Will details how an individual's assets are to be divided when they die and nominates an executor who is responsible for looking after their estate. The role of the executor is to work out and pay any debts and then distribute any remaining assets according to the wishes of the deceased person. The Grant of Probate is a legal document issued by the court which confirms the executor to manage the estate of the deceased person.
- **Letters of Administration:** If the deceased person didn't leave a Will, a person may apply to the Supreme Court for a grant of Letters of Administration. This allows them to administer the estate – similar to a Grant of Probate.

# Terminal Illness insurance claims guide

# What is Terminal Illness insurance?

Terminal Illness insurance forms part of your Death cover. It provides cover in the form of a single lump sum payment if you have a serious sickness or injury. Terminal Illness is designed to help reduce the financial pressure with the lump sum payment assisting with things such as financial debt or fulfilling a dream.

## What do you need to know about making a claim?

To be considered Terminally Ill, two registered doctors, one being a specialist practicing in the field related to your injury or sickness, must certify that your life expectancy is likely to be 24 months or less.

Please note that you will need to pay any costs associated with getting this confirmation from your doctors. However, once the claim is lodged, the cost of any additional reports or information will be covered by us.

## When can you make a claim for Terminal Illness?

To start your claim you will need to speak to one of our Customer Relations Consultants who will assign you a Case Manager.



## SUBMIT INFORMATION

### Contact us

**Phone: 132 135**

So we can help you quickly, please have this information ready when you call:

- your member number (you can find this on your annual statement), and
- details about your Terminal Illness, including commencement of symptoms and date of diagnosis along with the contact details of your treating doctors.

When you call, one of our Customer Relations Consultants will ask you a few questions to confirm the details of your Terminal Illness cover. Once your cover has been confirmed a Case Manager will contact you to have a discussion about your sickness or injury and answer any queries regarding your superannuation. This conversation is important as it helps us identify what further information is needed from you to begin the assessment of your claim.

### Claims Kit sent

Once your Case Manager has determined what additional information is required to complete the initial assessment, you will be sent a Claims Kit. This kit contains all the forms required for the lodgement of your claim.

### Complete and return the Claims Kit

Your Claims Kit will include a checklist that outlines the forms to complete and the documents that you will need to provide.

Please note that completing the forms correctly will assist us in completing the assessment of your claim as quickly as possible. So please read everything carefully and call us if you are unsure about anything.

Once all the forms have been completed including signatures and dates, please review the checklist one last time and send them back in the reply paid envelope included in your Claims Kit or via email at [InsuranceClaims@BTFinancialGroup.com](mailto:InsuranceClaims@BTFinancialGroup.com).

## ASSESSMENT

### Claim assessment

Your Case Manager will forward your information to a Claims Assessor who will review it. The Claims Assessor will then get in touch to discuss the assessment and provide you with an update on the next steps. An initial letter or email will then be sent to you confirming the details of your claim along with the contact details of your Claims Assessor.

Next steps could include:

- obtaining report(s) from your doctor(s),
- additional information from your employer, or
- further information from yourself.

We will pay for any additional information required by your Claims Assessor.

## OUTCOME

### Recommendation to pay the claim

If your Claims Assessor is satisfied that you meet the relevant insurance policy terms and conditions, then they will recommend to the Trustee that the claim be paid.

If your Terminal Illness claim is approved by the Trustee, you may also be able to withdraw your super account balance and any insured benefit.

## Your responsibility

We ask that you that you answer all questions honestly and keep your Claims Assessor updated with any changes in your circumstances after the lodgement of your claim as this could impact the assessment. Please inform us if:

- there are changes to your contact information, eg home/postal address or phone number.
- you have lodged another claim (eg TPD, SCI etc) with another insurer.

## Terminal Illness claims checklist

Please ensure all the documents below are fully completed, signed, dated and included when returning your Claims Kit.

- Initial Claim form
- Two Medical Attendant's Initial Statements
- Certified Proof of Age (eg Driver's Licence certified by a Justice of the Peace)
- Specific Authority and Privacy Consent Form
- Superannuation documents

# Frequently asked questions about Terminal Illness claims

## What happens if I am receiving Salary Continuance Insurance (SCI) payments?

Some SCI policies will cease benefits if you receive a lump sum payment such as a Terminal Illness payment. Please speak with your Claims Assessor for further details.

## What do we mean by certified?

Any copies of documents that you provide (not originals) must be 'certified' as a true copy of the original. A person who is authorised to certify documents must sight both the original and the copy to make sure they are identical. They must write or stamp 'certified true copy' on the copies, sign, print their name and qualification (eg Justice of the Peace), and write the date on the documents.

## What if I am unemployed?

As long as you still have Terminal Illness insurance at the date of event (date of certification) you are still able to submit a claim.

## How much will I get paid?

The benefit amount is determined at the date of the most recent written certification (date a doctor certifies you Terminally Ill). The benefit amount shown on your most recent statement may vary pending your age and the policy terms and conditions.

# What our members say

## Compassionate care

“ Thanks again for your faithful follow up again this morning. I am very thankful for all your support over these 4 years. Your consistency, advice, expertise, insights, and sometimes old fashioned (but semi subtle) agitation have helped me from giving up, helped my treatment options be progressed and explored, and helped me maintain employment without getting out of my depth. That BT would have someone of your character and experience in a role like yours speaks well of their attitude to a tough industry. Thanks again.”

*Piers*

## Support when you need it most

“ I am extremely thankful for yours and Bernadette’s fantastic support during the last 12 months, you both have been so good to deal with and were always constructive when issues came up. Having experienced what it means to be seriously ill, I have experienced first-hand how important it is to be in good hands.”

*Robert*

## Better opportunities

“ They paid for the rehabilitation psychologist. They are continuing to be supportive. They are tracking with me. I’m well in every respect now. The only thing I can’t do is my job. I’m trying to invent a new job for myself. They don’t want me to go back to the same job because this was the cause of the problem. They are thinking long term. They want to get it right. It is a pretty remarkable turn of events. The attitude has always been very caring. It is still very caring. Not just caring on a professional level. It’s more than that; it’s supportive. It’s good to have someone there on your side when you are making tough life decisions.”

*Pete*

\* Names have been changed and details of the opinion or experience have been reproduced with permission. The insurance is subject to terms and conditions, and limitations and exclusions apply. Individual claims experiences may vary depending on circumstances and the cover held. For illustrative purposes only.

## For more information

[bt.com.au](http://bt.com.au)

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