Plum Super Salary Continuance Insurance Claims Guide

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Trustee
NULIS Nominees (Australia) Limited
ABN 80 008 515 633
AFSL 236465

The Fund
MLC Super Fund
ABN 70 732 426 024

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Important information

This document has been prepared on behalf of NULIS Nominees (Australia) Limited, ABN 80 008 515 633, AFSL 236465 (NULIS) as Trustee of the MLC Super Fund, ABN 70 732 426 024 (the Fund). NULIS is part of the group of companies comprising Insignia Financial Ltd ABN 49 100 103 722 and its related bodies corporate (Insignia Financial Group).

The information in this document is general in nature and doesn't take into account your objectives, financial situation or individual needs. Before acting on any of this information you should consider whether it is appropriate for you. You should consider obtaining financial advice before making any decisions based on this information.

References to 'we', 'us' or 'our' are references to the Trustee, unless otherwise stated.

Subject to super law, the final authority on any issue relating to your account is the Fund's Trust Deed, and the relevant insurance policy, which govern your rights and obligations as a member.

Insurance is offered to members under insurance policies issued to the Trustee by the insurer. The insurance cover provided is subject to the terms and conditions contained in the insurance policies issued to the Trustee by the insurer. The terms and conditions of the policies prevail over any inconsistent information in the **PDS**, the **Insurance Guide** or this **Claims Guide**. The insurance information provided in the **PDS**, the **Insurance Guide** and this **Claims Guide** is based on the policies issued by the insurer, and information provided by the insurer about the operation of the policies. **Insurance benefits will only become payable if the insurer accepts the relevant claim**. For an approved insurance claim with a lump sum insured benefit (e.g. terminal illness or TPD benefit), the benefit amount will generally be paid by the insurer to the Trustee. That benefit amount along with your superannuation account balance can then be paid to you by the Trustee. Any benefit can be paid to you when you meet a condition of release under the Superannuation Industry (Supervision) Act 1993. For an approved insurance claim with another type of insured benefit (e.g. income type payment), these payments may be made to you directly by the insurer on behalf of the Trustee.

The information in this document may change from time to time. Any updates or changes that aren't materially adverse will be available at **plum.com.au**. You also can obtain a paper copy of these updates at no additional cost by contacting us.

An online copy of this document is available at **plum.com.au**

Support when you need it most

This **Claims Guide** will help you understand the process for your claim, including how to start your claim as simply and quickly as possible, so it can be assessed by the insurer.

Our **Claims Philosophy** is to:

- communicate the process clearly
- treat our claimants, members and their beneficiaries with the utmost respect and empathy at all times
- do everything reasonable to pursue claims with the insurer on the member's behalf that we consider have reasonable prospects of success, and
- make prompt payments on successful claims.

We adopt a professional, compassionate and positive approach to claims management and actively seek to keep members at the heart of everything we do. We acknowledge that each claim is unique and must be dealt with on its own merits and we're committed to being easy to deal with and providing outcomes to our members in a timely manner.

Managing your claim

Your claim is unique. That's why we'll take care to assess your personal situation on its own merits. When your claim is lodged with the insurer, they'll appoint a **dedicated claims assessor** to guide you through the entire claims process. If you need help with the claims process, understanding what's required of you, completing claim forms or providing requested claim information, we'll work with you and the insurer to find a solution.

You can appoint a representative to act on your behalf during the claims process.

We understand that making a claim can often be a challenging time.

Our **Claims Philosophy** sets out our overall approach to managing claims in a respectful and empathic way for each unique claim made by our members.

Be assured, if you're experiencing any personal or financial difficulties during this time, we'll take that into account in our dealings with you.

Important information and definitions

Role of the Trustee

As the Trustee, we have a duty to act in the best interests of all our beneficiaries. We'll do this by providing insurance arrangements that aim to help support beneficiaries at a time when it is needed most.

Once you've supplied your requested information and documents, we'll do everything reasonable to pursue your claim with the insurer so that it's processed efficiently and fairly.

Role of the insurer

The role of the insurer is to provide us with insurance policies that support the insurance arrangements, and to assess, manage and pay claims covered by those policies.

We'll work with the insurer to make sure that all successful claims are paid as quickly as possible.

The insurance policy

You'll find specific details about the terms and conditions of the insurance arrangement in the **Insurance Policy** document.

If you'd like a copy of the **Insurance Policy**, please call us on **1300 55 7586**.

A word about tax

As taxation law is complex, we recommend that you contact your tax adviser for further details and expert advice in relation to your circumstances.

Do you have cover under other insurance policies?

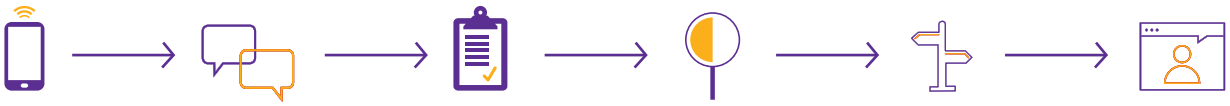
It's important to check what other insurance policies you hold, particularly if you have more than one super account. If you have multiple insurance policies, you might be paying premiums for policies you don't need.

What's next?

In the following pages of this guide, you'll find claims process information to help you understand what's required to make a claim and what's involved at each step of the claims management process.

Our claims process

Our insurance claims process typically has six key steps, and there are roles for us, the insurer and you.



1. Make a claim

2. We check your eligibility

3. We submit your claim to the insurer

4. The insurer assesses your claim

5. We review the insurer's decision

6. You'll be provided with an outcome

Step 1: Make a claim

To make a claim, simply call us on **1300 55 7586**, we'll help you determine the best way to make a claim.

Step 2: We'll ask you some questions

We'll ask you some initial questions to make sure we send you the right documents.

If you need help with the claims process, understanding what's required of you, completing claim forms or providing requested claim information, we'll work with you and the insurer to find a solution.

Remember, it's important to provide complete and correct details in your claims pack. If you've already submitted claims documents that may contain incorrect details, please contact us straight away.

Step 3: We submit your claim to the insurer

When we receive your completed claims documents, we'll:

- acknowledge receipt of your claim
- check if it contains all the required information, and
- conduct another assessment of your eligibility to claim (including whether you have insurance cover),
- give the claim to the Insurer or tell you why you cannot make a claim,
- give you a chance to respond, and give you this Claims Guide.

If we need more information or we believe you aren't eligible to claim, we'll contact you. When we have all the information needed and we're satisfied you may be eligible to claim, we'll direct your claims documents to the insurer.

Step 4: The insurer assesses your claim

When the insurer receives your claim documents, it will start assessing and appoint a **dedicated claims assessor** to manage your claim. The insurer may need more information to assess the claim. We or the insurer will let you know if that's the case.

You'll receive updates throughout the claims process. Of course, you can contact your claims assessor at any time if you have questions.

Procedural Fairness process

If the insurer's view on your claim is unfavourable, you'll be issued a Procedural Fairness Letter, which includes the following items for you to review:

1. the evidence used by the insurer to assess your claim, and
2. the potential barriers to your claim.

You'll be given an opportunity to comment or correct evidence or errors in the documents used to assess your claim.

It is important that you're given the opportunity to review all of the materials obtained and used in the review of your claim, as well as a right to reply.

Once a response is received from you, you will be contacted about the next step of the claim process.

Step 5: We review the insurer's decision

Once the insurer has made a decision about your claim, they will refer the decision to us for review. We may return the claim to the insurer for example, if we have questions or do not agree with the insurer's decision.

Step 6: You'll be provided with an outcome

Once we're satisfied with the insurer's decision, we'll confirm the outcome of your claim in writing.

Resolving complaints

If you have a complaint about your claim please call us on **1800 512 333**. If you'd prefer to put your complaint in writing, you can email us at **complaints@mlc.com.au** or send a letter to GPO Box 4341, Melbourne VIC 3001. We'll conduct a review and provide you with a response in writing.

If you're not satisfied with our resolution, or we haven't responded to you in 45 days, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA).

AFCA provides an independent financial services complaint resolution process that's free to consumers. You can contact AFCA at any time by writing to **GPO Box 3, Melbourne, VIC 3001**, at their website **(afca.org.au)**, by email at **info@afca.org.au**, or by phone on **1800 931 678** (free call).

To view our complaints management policy, visit **plum.com.au/complaints**

Why does it take so long?

It's important your claim is assessed correctly. In order for us to do that, we'll work with the insurer to review all the relevant information. This includes information from you, your doctor, medical specialists and your employer. This can take a while, but we'll make sure we keep you updated.

Salary Continuance Insurance (SCI)

When would I make a claim?

You can make an SCI claim if you're temporarily unable to work due to an illness or injury.

How will my claim be assessed?

You may be eligible to claim for an SCI benefit if the insurer is satisfied that, due to illness or injury. To find out which SCI definition applies to you, refer to the **Insurance Guide**. For example, it may mean:

- you met a period of total disability where you weren't engaged in any occupation, whether paid or unpaid
- you're unable to perform at least one of the important duties in your job, and
- you're in the care of a medical professional related to your illness or injury, and following regular and continuous advice from them, and
- you've not returned to the full hours and duties of your previous occupation.

Frequently asked questions

How long do I have to wait before I can make a claim?

You can lodge a claim immediately.

What forms need to be completed?

You, your doctors and employer may need to complete some of the following forms we'll send you:

- Claim form (Completed by you)
- Tax File Number (TFN) Declaration (Completed by you)
- Two Treating Doctors Reports (Completed by your treating doctors), and
- Employer Statement (Completed by your employer).

When will I receive my first payment?

In order for payments to commence, your claim needs to have been approved, and you need to have been absent from work for your nominated Waiting Period (30, 60, 90 or 180 days). You can check your Waiting Period online or on your annual statement. Payments are monthly in arrears and are paid to your nominated bank account.

How long is my benefit paid for?

Depending on the terms of the policy, your benefit will be paid for a maximum of two or five years, or up to age 65 (if you continue to meet the relevant definition). You can check your chosen benefit period on your annual statement. Payment of this benefit will start to accrue from the first day after your Waiting Period has expired.

Will my premiums stop when I am on a claim?

Yes. Your SCI premiums will be waived by the insurer and we won't charge your super account.

Can I claim on multiple policies?

It's important to check what other insurance policies you hold. For SCI cover, you can generally only claim on one policy. If you have multiple policies, you might be paying premiums for policies you don't require or you're not eligible to claim on.

How much benefit will I receive and will my benefits be reduced (offset)?

This insurance provides a monthly benefit of up to 75% of your Monthly Income while you're Totally Disabled and unable to work. The amount of monthly benefit payable will be the lesser of:

- your agreed benefit, and
- your maximum monthly benefit payable at the Date of Claim.

Your benefit may be reduced if you receive other income while you are unable to work due to illness or injury. The benefit will be reduced so that the total of your other income and your monthly benefit does not exceed 75% of your Monthly Income (or the maximum percentage that applies to you). Refer to your **Insurance Guide** for more information on how benefits are calculated and examples of other income that may be offset against your benefit.

Salary Continuance Insurance (SCI)

Case Study – Salary Continuance Payments

How Salary Continuance helped Jill get back on her feet

Jill is a Plum Super member and has Salary Continuance Cover with the Plan.

She is 26 years old, a permanent full-time white-collar Employee and has a salary excluding super of $42,000 p.a. Jill loves the outdoors and regularly goes rock climbing. However, one weekend while climbing, she falls and seriously injures her back. After an initial hospital stay of two months, her doctor informs her that she will need four months of in-hospital rehabilitation and a further nine months at home recuperating, before she can safely resume work. Jill immediately submits a Salary Continuance claim.

Her benefit is calculated as follows:

Annual Salary Continuance benefit
= Salary excluding super
= $42,000 x 75%
= $31,500

Monthly Salary Continuance benefit
= $31,500 ÷ 12
= $2,625 per month

Annual super contribution (if applicable)
= Salary excluding super
=$42,000 x 11%
= $4,620

Monthly super contribution (paid to Jill's super account)
= $4,620 ÷ 12
= $385 per month

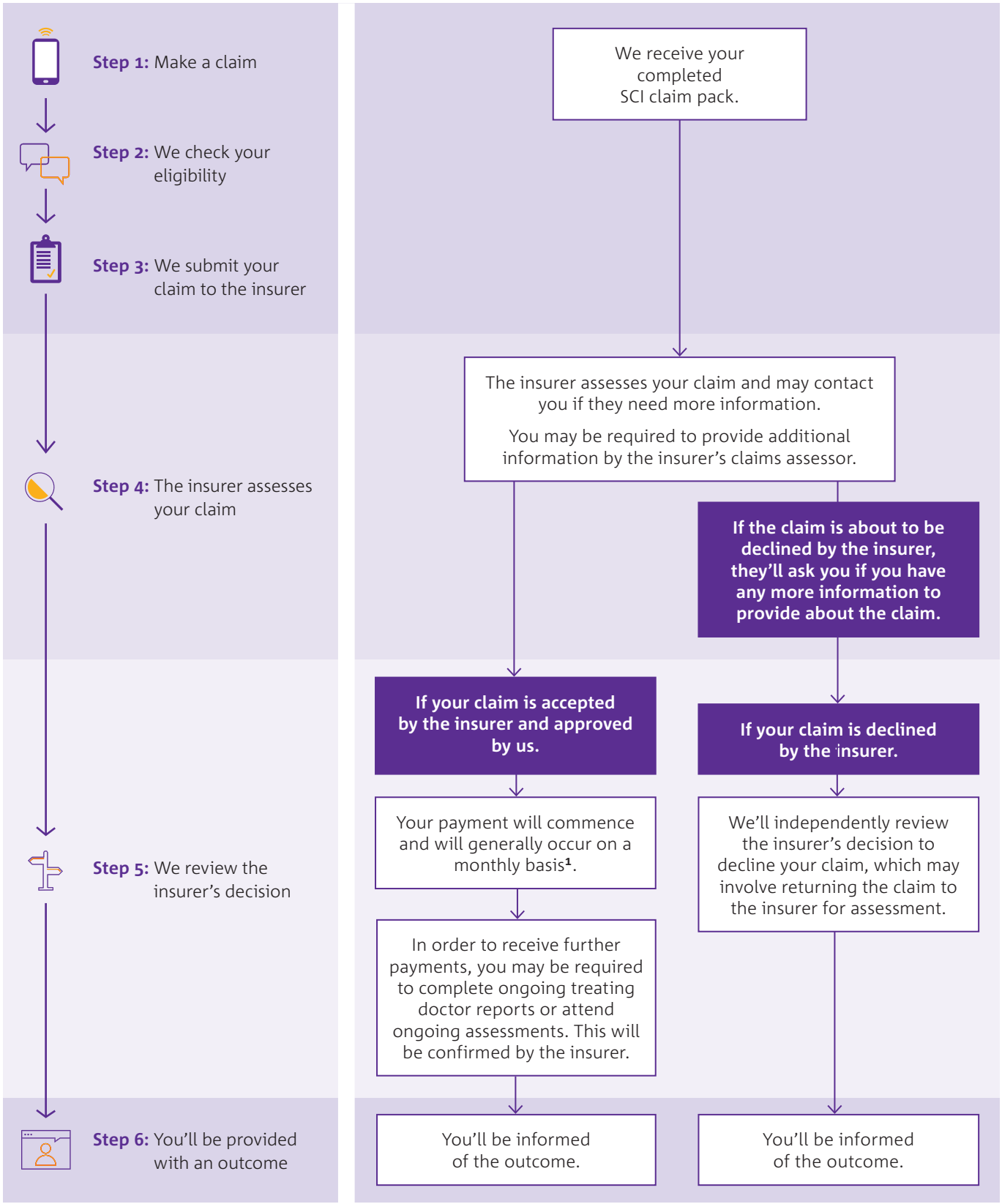
Jill is advised that her claim has been accepted and monthly payments will commence after the 90 day Waiting Period, when she will receive $2,625 per month (before tax) from her Salary Continuance insurance, plus an additional $385 paid into her super account.

Jill's claim timeline

- The date Jill was injured and unable to work and the commencement of the 90 day Waiting Period – 1 April
- The day the 90 day Waiting Period expires – 29 June
- First benefit payment period – 30 June to 29 July
- First benefit payment date, made in arrears to be payment period – 30 July

This helps cover Jill's living expenses, allowing her to focus on her recovery.

Salary Continuance Insurance (SCI) claims process



1 A superannuation benefit can only be paid when a condition of release under the Superannuation Industry (Supervision) Act 1993 is met. These payments may be made to you directly by the insurer on behalf of the Trustee. The insurer is not part of the Insignia Financial Group.

Contact us

For more information visit **plum.com.au** call us from anywhere in Australia on **1300 55 7586** or contact your financial adviser.

Postal address

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plum.com.au

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