



Plum Super Terminal Illness 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?

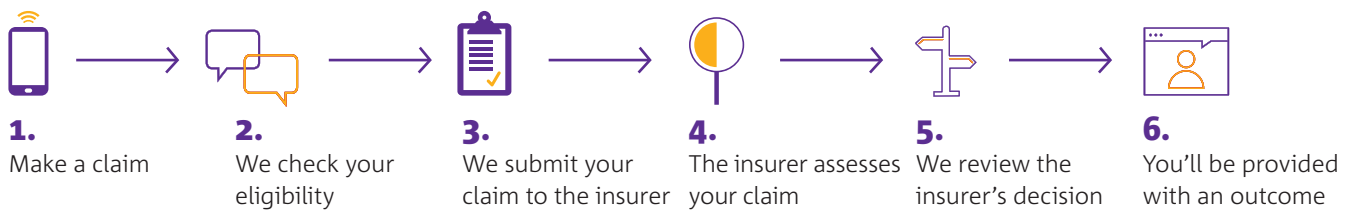
It's important to check what other insurance policies you hold, particularly if you have more than one super account. If you have multiple insurance policies, you might be paying premiums for policies you don't need.

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.



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.

Terminal Illness (TI) Claim

When would I make a claim?

You may make a claim for a Terminal Illness benefit if you have been diagnosed with a terminal illness.

How will my claim be assessed?

You may be eligible to make a Terminal Illness claim if two doctors, one of whom is a specialist in the field of your illness or injury, certify that your life expectancy is reduced to less than 12 or 24 months (depending on the insurance policy which applies to you).

See the relevant **Insurance Guide** for more information.

Frequently asked questions

How long do I have to wait before I can lodge a Terminal Illness claim?

There's no waiting period to lodge a Terminal Illness claim, once you've been diagnosed by two doctors.

What forms need be completed?

You and your doctors will need to complete certain forms, including:

- Claim form (Completed by you), and
- Proof of identity form (Completed by you).

You'll also need to obtain the following documents to attach to your claim submission:

- Treating Doctors Report (Completed by your treating doctor), and
- Treating Doctors Report (Completed by your treating specialist in the field of your illness or injury).

Do I still pay premiums when I'm accepted for a Terminal Illness claim?

No. Any premiums deducted from the date your claim is accepted will be refunded to your super account.

Do I have to repay my Terminal Illness benefit if I live longer than 12 or 24 months?

No. You won't have to repay your Terminal Illness benefit if you live longer than 12 or 24 months.

What are the payment options if my Terminal Illness claim is approved?

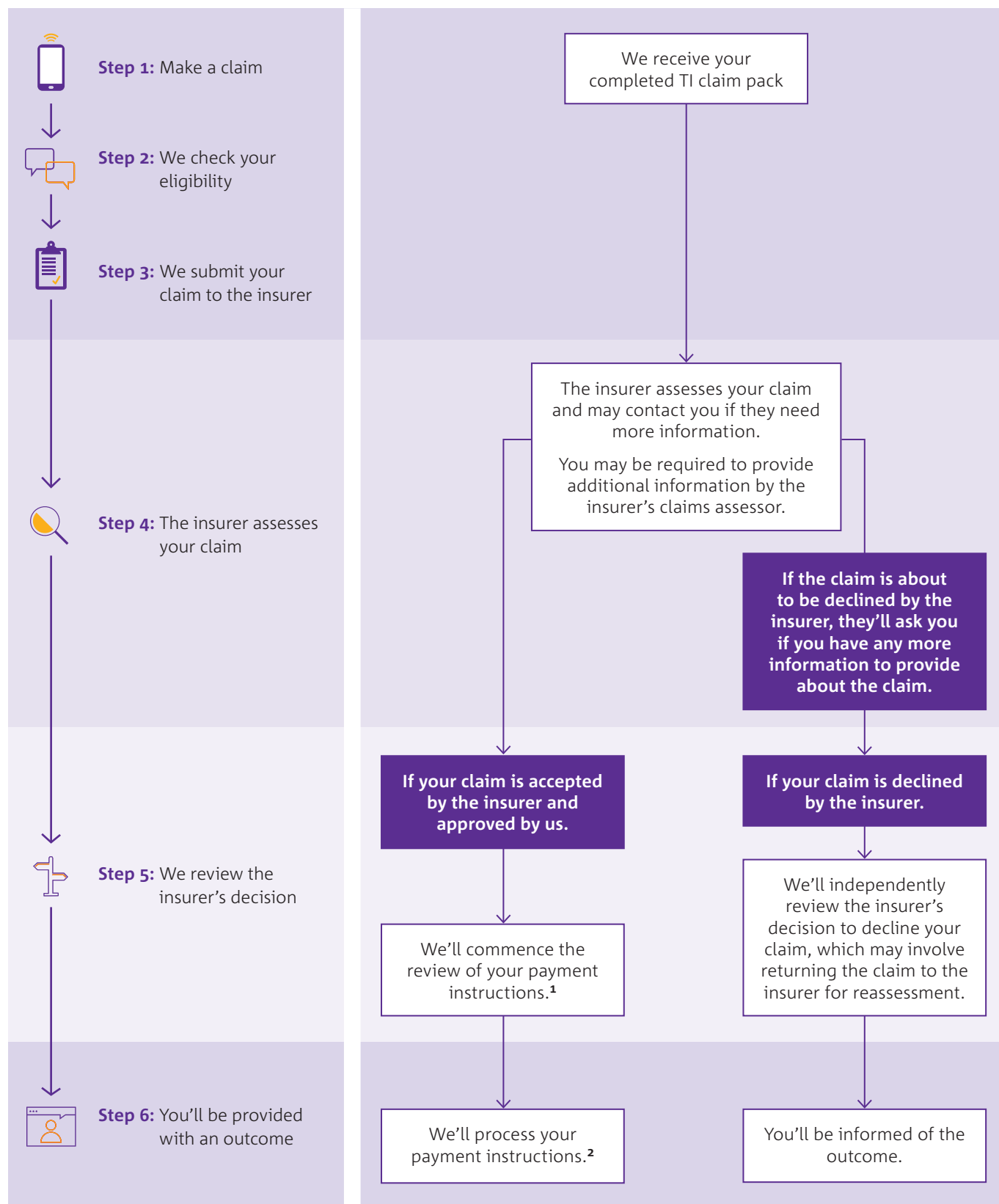
Approved Terminal Illness claims will be paid into the fund's applicable cash investment option in your super account. You can choose to switch part, or all, of the proceeds into a different investment option within the fund.

You can also apply for the proceeds to be released to you in the following ways:

- as a lump sum
- as a pension, or
- to another complying super/pension account, via a rollover (however tax law treats a rollover of a terminal illness benefit as a contribution in the new fund which may have contribution cap implications).

We recommend that you seek financial advice in relation to the payment of benefits.

Terminal Illness (TI) claims process (if you have Death insurance)



¹ A superannuation benefit can only be paid when a condition of release under the Superannuation Industry (Supervision) Act 1993 is met.

² For an approved insurance claim with a lump sum insured benefit (e.g. Terminal Illness benefit) the benefit amount will be paid by the insurer to the Trustee. That benefit amount along with your superannuation account balance will then be paid to you by 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.

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