



EMPLOYER SUPER

Making an income protection claim

If you are unable to work due to temporary injury or sickness you may be eligible to make a claim if you have income protection cover.

Once your claim is approved, any payment will be available 30 days after the end of the waiting period. The standard waiting period for the Bendigo and Adelaide Bank Staff Superannuation Plan (BASSP) income protection cover is 60 days. However, you should check your account to confirm your actual waiting period and check if there are any exclusions by logging into your account at www.bendigostaffsuper.com.au or by contacting the Client Services Team on **1800 787 372**.

You should commence the claims process if you have been off work for at least 30 days and it is likely that you do not return to your normal hours of work before the end of the waiting period.

The following steps outline what's involved in submitting and assessing your income protection claim.

1. Contact us

To organise a claim please contact IOOF on **1800 787 372**. To expedite the process, please have the following ready:

- your super account number
- the date you last worked and/or the date you were certified unfit to work by your doctor/medical practitioner
- the date of injury or date of diagnosis of your condition.
- You have three ways to submit your claim:
 - Tele claim:** TAL, the insurer, will contact you directly to discuss your claim.
 - Online claim form:** IOOF will send you a link to the online claim form for your completion.
 - Paper form:** IOOF will send you a claims pack.

2. Submit your application

When making a claim, please provide all the documents below:

- **Claim form** – either submitted online or a paper form.
- **Member statement** – to be completed and signed by you.
- **Attending doctor's statement** – to be completed by your treating doctor.
- **Employer statement** – please contact the Bendigo Work Health and Safety Team at whsmailbox@bendigoadelaide.com.au to arrange this.
- **Proof of age** – this can be a certified copy of your birth certificate, driver's license or passport.
- **Tax file number declaration form.**
- **Any relevant medical reports supporting your claim.**
- **Any other evidence that may support your application.**

If you have requested a tele claim the case manager will call you to obtain your details and supporting documentation.

Please note you are responsible for the cost of any information required to initiate your claim and for the ongoing requirements whilst on claim, such as the completion of the attending doctor statement.

3. Assessing the application

Shortly after receiving your completed paperwork, the insurer (TAL) will assign a case manager to your claim. The case manager will contact you or your representative (if you appoint one) to confirm if further information is needed to support your claim. Your case manager will personally oversee your claim and help with any queries you may have. They will act as your personal point of contact so that you always deal with someone familiar with your circumstances. Once your case manager has all the claim requirements, they will complete their assessment.

How long will it take to assess the claim?

The time it takes to assess a claim varies depending on the type of claim, the individual circumstances and how quickly and accurately the claim requirements are completed and sent back to us.

If the information is incomplete or documents are missing, we may need to ask you for further information which may cause delays; so please take your time to complete them correctly and ensure all the necessary information is provided. If TAL is unable to pay your claim they will explain why and give you the opportunity to present extra information to support your claim.

Receiving payments

If your claim is accepted, you will be notified by your case manager and your benefit payment will begin. TAL will deduct tax before paying you a monthly benefit payment in arrears. You will receive a payment letter or email with each payment and at the end of the financial year you'll receive a PAYG summary for the ATO.

While receiving your benefit payments, you won't be charged the costs of income protection cover.

Ongoing claims

If you are receiving a monthly income protection benefit, your case manager will advise you if and when they require further medical evidence about your condition. TAL will contact you to discuss your claim and how your treatment is progressing. There may be times where you will be requested to complete a progress claim form. Your treating doctor will need to complete an attending doctor's statement when requested by your case manager.

More information

For full details please refer to the product disclosure statement and insurance guide available from our website: (www.bendigostaffsuper.com.au). For more information and assistance, speak to your financial adviser or contact our Client Services Team on **1800 787 372**.