



Insurance Claims Guide

We understand you're dealing with a lot right now. We trust this guide helps you through some of the steps you may need to take during this difficult time.

Issued by Bendigo Superannuation

Bendigo Superannuation

a subsidiary of  **Bendigo Bank**

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Our Insurance claims process

Our claims philosophy

We understand that claim time can be a difficult time for you. Our process will treat all claimants, members and their beneficiaries with utmost respect and empathy at all times.

Bendigo Super's claims philosophy

To pay all genuine claims promptly and with compassion.

Our Insurer's (TAL Life Limited) claims philosophy

We will deliver on the promise we make to every customer, ensuring they understand and feel confident in how we will handle their claim.

Our claims process



1. Call us on **1800 033 426** to let us know you would like to make a claim



2. We will confirm your eligibility and provide you with the relevant forms



3. Once all required forms and documentation are received, we will submit your claim to the Insurer



4. The Insurer assesses your claim and provides us with a decision



5. We review the Insurer's decision



6. You are provided with the outcome and your claim is finalised

We will oversee the claims process from beginning to end and perform an independent review of every claim.

Do you have insurance cover?

To check whether you hold insurance cover in your Bendigo SmartStart Super account, log in to Bendigo SmartStart Online at bendigobank.com.au/superlogin.

If you don't have online access, or are claiming on behalf of a family member or loved one, you can call our Client Services team on **1800 033 426**.

What happens if you don't have insurance cover?

If you don't have insurance cover, there may still be circumstances that will allow you to access your super earlier. You can read our 'Early access to super' article at bendigobank.com.au/educationhub to find out if you are eligible.

Further Information

Our Insurance Guide is available at bendigobank.com.au/super/forms and has detailed information about the insurance offered in Bendigo SmartStart Super.

Income Protection

What is an Income Protection insurance claim?

An Income Protection insurance claim, also known as a temporary incapacity benefit, is paid to an individual that is unable to work or can only work at a reduced capacity due to an injury or illness. When making a claim on Income Protection insurance you hold within your super, you need to contact us to initiate the process. Income Protection insurance can provide a regular monthly payment to help you cover your living expenses while you are unable to work.

Step 1

Contact us

Contact us on **1800 033 426** to notify us of your illness or injury. We will provide you with the appropriate paperwork and talk you through the process.

Step 2

Prepare the documents

You will need to complete a claim form and provide information regarding your illness or injury, along with any treatment received. You will also need to provide details of your employment history and income.

You may be able to complete your claim online or via tele-interview with the Insurer. We will discuss these options with you during your initial phone call.

Important information

You will need to provide evidence of your income from your employer, or if you are self-employed the Insurer will require evidence of your income over the two years prior to disablement.

If you are receiving other disability income, such as payments under another Income Protection policy or workers compensation, your Income Protection payment may be reduced by those amounts.

Document Checklist

- Illness or Injury Claim Form
- Attending Doctor's Statement
- Employer Statement
- A certified copy of your identification (e.g., drivers' licence, passport, proof of age). Refer to the 'Certified documents' section on page 9 for more information.
- Change of name: if you have changed your name, please provide proof of the change

These requirements are a general guideline only and may change based on the specific nature of your claim.

Please note: Original certified documents must be received by post as we cannot accept faxed or emailed copies.

Step 3

Review of the claim paperwork

Once we receive all the required information and paperwork, we will submit everything to the Insurer for assessment.

Once the Insurer has received your claim you will be assigned a claims manager who will be in contact with you throughout the claims process.

Step 4

Claim assessment

The Insurer will assess your claim and determine whether you satisfy the terms under the policy.

If the Insurer approves your claim

If your claim is approved, the Insurer will begin the process of paying your benefit (monthly in arrears) directly to you via bank transfer.

If the Insurer declines your claim

We will conduct an independent review to determine whether their decision is fair and reasonable. If we disagree with the decision, we will refer the claim back to the Insurer for further consideration, until we are comfortable with their decision. Should your claim be declined, we will outline the reasons behind the decision in writing.

If your insurance claim is declined

You may still be able to request a payment from your super account. You can read our 'Early access to super' article at bendigobank.com.au/educationhub to find out if you are eligible.

Step 5

Payment of temporary incapacity benefit

Upon approval, the Insurer will begin the process of paying your benefit directly to you via bank transfer.

During your claim, you will be required to provide information about your condition to the Insurer. The claims manager will be in regular contact with you to discuss the requirements.

Total and Permanent Disablement (TPD)

What is a TPD insurance claim?

A TPD insurance claim, also known as a permanent incapacity benefit, is made when an individual is unlikely to engage in gainful employment for which they are reasonably qualified by education, training or experience due to ill-health (physical or mental). When making a claim on TPD insurance you hold within your super, you need to contact us to initiate the process.

Upon approval by the Insurer, any claim proceeds received will be paid into your super account. You will then need to contact us to request access to your funds, which can include both your insurance benefit and account balance.

Step 1

Contact us

Contact us on **1800 033 426** to notify us of your illness or injury. We will provide you with the appropriate paperwork and talk you through the process.

Step 2

Prepare the documents

You will need to complete a claim form and provide information regarding your illness or injury along with details of any treatment received. You will also need to provide information about your employment history.

You may be able to complete your claim online or via tele-interview with the Insurer. We will discuss these options with you during your initial phone call.

You will need to provide certification (Attending Doctor's Statements) from two medical practitioners** that you are suffering from an illness or injury and it is unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.

The Insurer may request additional information from you to understand your condition and determine your eligibility for an insurance benefit. This could include you being asked to attend an independent medical examination that they organize with a specialist.

It could also include requests for copies of medical reports, x-rays, and test results.

It is important to note that collection of this information may take several weeks.

The Insurer will also ask you to provide a statement from your employer (Employer Statement) if you were employed when you became permanently disabled.

Document Checklist

- Illness or Injury Claim Form
- Attending Doctor's Statements (from two separate doctors**)
- Employer Statement (if applicable)
- Attending Doctor's Statement (from two separate doctors)
- A certified copy of your identification (e.g., drivers' licence, passport, proof of age). Refer to the 'Certified documents' section on page 9 for more information.
- Change of name: if you have changed your name, please provide proof of the change

**To assess your claim, the Insurer requires one Attending Doctor's Statement. To release your funds, we require a second Attending Doctor's Statement.

These requirements are a general guideline only and may change depending on the specific nature of your claim.

Please note: Original certified documents must be received by post as we cannot accept faxed or emailed copies.

Step 3

Review of the claim paperwork

Once we receive all the required information and paperwork, we will submit the information to the Insurer for assessment.

Once the Insurer has received your claim you will be assigned a claims manager who will maintain contact with you throughout the claims process.

Step 4

Claim assessment

The Insurer will assess your claim and determine whether you satisfy the terms under the policy.

If the Insurer approves your claim

The proceeds of your TPD policy will be credited to your superannuation account.

If the Insurer declines your claim

We will conduct an independent review to determine whether their decision is fair and reasonable. If we disagree with the decision, we will refer the claim back to the Insurer for further consideration, until we are comfortable with their decision. Should your claim be declined, we will outline the reasons behind the decision in writing.

If your insurance claim is declined

You may still be able to request a payment from your super account if your insurance claim is declined, subject to eligibility.

You can read our 'Early access to super' article at bendigobank.com.au/educationhub to find out if you are eligible.

Step 5

Payment of permanent incapacity benefit

Before any insurance claim and/or any of your super balance can be paid to you, you will need to request access to your funds by completing a [Withdrawal form](#) available at bendigobank.com.au/super/forms.

Upon approval for payment, we will begin paying your benefit to you, generally via bank transfer.

The Insurer will keep you updated regularly throughout the claims process.

Death

What is a Death insurance claim?

A Death insurance claim is paid as a lump sum into a deceased member's super account.

When making a claim on Death insurance held within super, the deceased member's family or Legal Personal Representative will need to contact us to initiate the process.

Upon approval any insurance claim proceeds will be paid into the deceased member's super account. Their family or Legal Personal Representative will then need to contact us to request access to the funds, which will include the insurance benefit and account balance.

Step 1

Contact us

You should contact us on **1800 033 426** to notify us of the passing of a family member or your loved one. We will provide you with the appropriate paperwork and talk you through the process.

Document Checklist

- A certified copy* of the deceased member's Death Certificate
- A certified copy* of a proof of age document for the deceased member (e.g., drivers' license, passport, Birth Certificate)
- A certified copy* of the deceased member's Will
- A certified copy* of Grant of probate or Letters of administration if there is no valid will (if available)

*Refer to the 'Certified documents' section on page 9 for more information.

These requirements are a general guideline only and may change depending on the specific nature of your claim.

Please note: Original certified documents must be received by post as we cannot accept faxed or emailed copies.

Step 2

Review of the claim paperwork

Once we receive all the required information and paperwork, we will carefully review the claim and work out if any other documents are required.

We will submit everything to the Insurer for assessment once we receive all the required information and paperwork.

The Insurer may need to request additional information to understand the deceased member's eligibility for cover. This may include copies of their medical history and records. It is important to note that the collection of this information may take several weeks.

Step 3

Claim assessment

The Insurer will assess the claim and determine whether the terms are satisfied under the policy.

If the Insurer approves the claim

The proceeds of the member's Death policy will be credited to their superannuation account.

If the Insurer declines the claim

We will conduct an independent review to determine whether their decision is fair and reasonable. If we disagree with the decision, we will refer the claim back to the Insurer for further consideration, until we are comfortable with their decision. Should the claim be declined, we will outline the reasons behind the decision in writing.

If the insurance claim is declined

The deceased member's family or Legal Personal Representative will still be eligible to request access to their account balance.

Step 4

Payment of death benefit

Once we have a decision from the Insurer, we will need to determine whether the death benefit should be paid to the member's estate or to a nominated beneficiary/ies.

Members can nominate a beneficiary/ies to receive their death benefit by completing a [Binding Death Benefit Nomination Form](#) available at bendigobank.com.au/super/forms.

If there is no valid binding death benefit nomination in place, the death benefit will be paid to the member's Legal Personal Representative, who is the executor of the Will or administrator of the estate.

Once we have determined who the death benefit will be paid to, we will begin the process of closing the deceased member's superannuation account and paying the benefit to the beneficiary/ies or estate. The payment will generally be made via bank transfer.

We will keep you updated regularly throughout the claims process.

Terminal illness

What is a terminal illness benefit?

A terminal illness benefit is the early payment of Death insurance cover, paid to an individual prior to death if they are diagnosed with a terminal illness or have incurred an injury that is likely to result in death within 24 months of the date of certification. To make a terminal illness benefit claim, you will need to contact us to initiate the process. Upon approval by the Insurer, any claim proceeds received will be paid into your super account. You will then need to contact us to request access to your funds, which can include both your insurance benefit and account balance.

Step 1

Contact us

Contact us on **1800 033 426** to notify us of your terminal illness or injury. We will provide you with the appropriate paperwork and talk you through the process.

Step 2

Prepare the documents

You will need to complete a claim form as well as provide certification (Attending Doctor's Statements) from two medical practitioners that you are suffering from an illness or injury that is likely to result in your death within a period of 24 months (known as the certification period).

One Attending Doctor's Statement must be provided by your General Practitioner and the other Attending Doctor's Statement must be completed by a specialist practicing in the area related to your terminal illness or injury suffered. The certification period in these statements must not have ended.

Document Checklist

- Intent to Claim Life Insurance Claim Form
- Attending Doctor's Statement Form
- Attending Specialist's Statement Form
- A certified copy of your identification (e.g., drivers' licence, passport, proof of age). Refer to the 'Certified documents' section on page 9 for more information.
- Change of name: if you have changed your name, please provide proof of the change

These requirements are a general guideline only and may change based on the specific nature of your claim.

Please note: Original certified documents must be received by post as we cannot accept faxed or emailed copies.

Step 3

Review of the claim paperwork

Once we receive all the required information and paperwork, we will carefully review the claim and work out if any other documents are required.

We will submit everything to the Insurer for assessment once we have received all required information and paperwork.

Step 4

Claim assessment

The Insurer will assess your claim and determine whether you satisfy the terms under the policy.

If the Insurer approves your claim

The proceeds of your policy will be credited to your superannuation account balance.

This approval will determine whether you meet the definition for the early release of your superannuation due to terminal illness.

If the Insurer declines your claim

We will conduct an independent review to determine whether their decision is fair and reasonable. If we disagree with the decision, we will refer the claim back to the Insurer for further consideration, until we are comfortable with their decision. Should your claim be declined, we will outline the reasons behind the decision in writing.

If your insurance claim is declined

You may still be able to request a payment from your super account. You can read our 'Early access to super' article at bendigobank.com.au/educationhub to find out if you are eligible.

Step 5

Payment of terminal illness benefit

Before any insurance claim benefit and/or any of your super account balance can be paid to you, you will need to request access to your funds by completing a [Withdrawal form](https://bendigobank.com.au/super/forms) available at bendigobank.com.au/super/forms.

Once we have a decision from the Insurer, and have completed our review, we will begin the process of paying your benefit to you generally via bank transfer.

We will keep you updated regularly throughout the claims process.

Other important information

We've included some further information you may find helpful.

Certified documents

An original certified copy is an original document that has been certified by a person authorised to do so, such as a Justice of the Peace or a Solicitor. For more information about who is authorised to certify documents please see the '[People authorised to certify documents](#)' available at bendigobank.com.au/super/forms.

Tax on benefits

When you make an insurance claim in super, tax pay be payable on the benefits you receive. For information on how your benefit payment could be taxed, please visit the ATO website at ato.gov.au.

Whether tax is payable and how much you will need to pay will depend on your individual claim and circumstances. You may wish to consider seeking independent tax advice.

Early access to super

If you don't have insurance cover, there may still be circumstances that will allow you to access your super earlier. You can read our 'Early access to your super' article at bendigobank.com.au/educationhub to find out if you are eligible.

Further support

To assist you get the support you need, visit the TAL Health Connector website at talhealthconnector.com.au. It consists of a directory of free or low-cost services available through government and non-government organisations.

Contact us today

Call 1800 033 426

Email superannuation@bendigobank.com.au

Visit bendigobank.com.au/super

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