

Police Blue Ribbon insurance claims



This fact sheet provides information on the claims procedure for Police Blue Ribbon Super members who wish to apply for one of the following benefits: Income Protection; Total and Permanent Disablement; or Terminal Illness.

For information on death benefit claims, please refer to our fact sheet called *Nominating beneficiaries and claiming a death benefit*.

This fact sheet is divided into the following sections:

1. Background
2. Eligibility to be covered under First State Super Police Blue Ribbon Insurance policies that commenced 20 January 2012
3. Income Protection ('IP') insurance claims
4. Total and Permanent Disablement ('TPD') insurance claims
5. Terminal illness insurance claims
6. Other information relevant to insurance claim procedures
7. Definition of TPD
8. Definition of Terminal Illness

Any references to the Trustee, refers to the Trustee of First State Super. Any references to the Insurer, refers to TAL Insurance Limited (ABN 70 050 109 450, AFSL 237848) ('TAL')

1. Background

Prior to 20 January 2012, with the exception of NSW Police Officers who were members of:

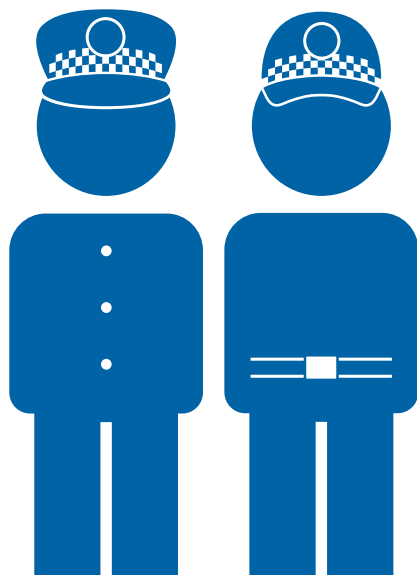
- the Police Superannuation Scheme (PSS), or
- the State Superannuation Scheme (SSS), or
- the State Authorities Superannuation Scheme (SASS) who had additional benefit cover under SASS on 1 July 2005,

all sworn NSW police officers were covered under the *Crown Employees (Police Officers Death and Disability) Award 2005 ('Award')*.

In conjunction with NSW Government legislation and repeal of this Award from 19 January 2012, NSW police officers who were previously covered under the Award for Death, Terminal Illness, Partial and Permanent Disability ('PPD') and TPD benefits are now covered under a new policy of insurance which took effect from 20 January 2012.

In addition, PPD benefits that were previously provided through NSW Police are replaced by IP insurance provided through First State Super.

The insurance cover is provided by TAL, as the Insurer, under policies of life insurance issued to the Trustee and is subject to the terms and conditions of those policies.



In addition to your Police Blue Ribbon Insurance cover **you may be covered for basic insurance benefits** as a member of First State Super

2. Eligibility to be covered under Police Blue Ribbon insurance policies that commenced on 20 January 2012

In addition to any new sworn Police Officers, from 20 January 2012:

- any Police Officers who were previously covered under the Award and the previous Police Blue Ribbon Insurance Policy that commenced on 1 October 2010, (which replaced the policy that commenced on 1 July 2005) are covered under the new Group Life Policy for Death, Terminal Illness and TPD benefits. However, if you make a TPD claim and your absence from work due to injury or illness which caused the TPD is determined to have commenced prior to 20 January 2012 (known as the incident date) then your claim will be assessed, and the amount of any benefit will be determined under the terms which applied before 20 January 2012;
- IP cover commenced under the new IP policy for NSW Police Officers who were 'at work' on 19 January 2012.

If you were not 'at work' on 19 January 2012 due to an illness or injury, you will be eligible for IP cover once you are 'at work' and have returned to pre-disability work duties for at least 2 consecutive months working at least 15 hours per week.

Eligibility for this cover is reviewed as part of assessing any claim.

To be 'at work' you must, in the Insurer's opinion, be capable of performing your identifiable work duties without restriction by illness or injury for at least 15 hours per week (whether or not you are actually working those hours).

3. IP insurance claims

i Unlike death, Terminal Illness and TPD cover which provide lump sum insurance benefits; IP provides a monthly income replacement benefit.

3.1 How to apply for a Police Blue Ribbon IP benefit

If you have been notified that you are insured for this benefit through First State Super, you can initiate a claim by contacting Customer Service on 1300 650 873.

In some circumstances further information may be sought from you or your employer prior to sending out claim forms.

In relation to an IP claim, you will receive the following forms:

- Member's Statement** – to be completed by you.
- Attending Doctor's Statement (IP)** – to be completed by your treating doctor at the date your illness or injury caused you to cease work.
- Tax file number declaration form** – to be completed by you so that the relevant tax can be deducted from benefits if your claim is accepted.
- Bank account details** – for payment of any benefit entitlements.

In addition, you will be requested to provide **certified copies of proof of age and identity**. (Refer Section 6 (a) What is a certified copy?)

You may also send copies of any other existing medical reports and/or other medical evidence that you hold in relation to the illness or injury that you are claiming.

An **Employer's Statement** is also required. Once you have initiated your claim, we will contact your employer directly for this claim form to be completed and returned directly to us.

You should attach all the requested documents, together with the fully completed and signed Member's statement, and return them to:

First State Super
PO Box 1229
Wollongong NSW 2500

3.2 First State Super will coordinate your claim

After checking you have provided all the necessary initial information, First State Super will lodge your claim with the Insurer.

The Insurer will contact you, your employer and your treating doctor/s directly to obtain any further information that they require in order to make an initial determination in relation to your claim.

The Trustee acts on behalf of any member making a claim by overseeing the management of the claim and ensuring that the assessment of your claim is handled in a timely manner by the Insurer. In addition, the Trustee checks that the correct amount is paid for any accepted claim and that the outcome for any declined claim is fair and reasonable.

While the Insurer will be your direct contact after your claim has been lodged with them, First State Super continues to act on your behalf with any queries or concerns that you may have.

3.3 The Insurer will assess your claim

The Insurer will refer to the information provided on the claim forms to start the claim assessment process. For a guide to the other information that may be requested, please refer to **Section 6 (b) Other information that the Insurer may request to assess your IP or TPD claims**.

If your claim is accepted, your claim continues to be assessed and paid monthly in arrears, excluding the waiting period.

The Insurer will deduct the appropriate tax and make any payments directly to you.

Each month a Progress Claim form and an Attending Doctor's Statement are requested to assist with the ongoing assessment of the claim. These forms assist the Insurer in determining ongoing liability and the amount of any benefit payable for that period.

If you no longer satisfy the definition of being Totally Disabled or Partially Disabled, payments will cease prior to the end of the potential benefit period.

For full details of the terms and conditions that apply to the IP insurance cover and the calculation of any benefits payable, please refer to the Member Booklet – Police Blue Ribbon Super.

4. TPD insurance claims

i This section gives you details about how to make a claim for a Police Blue Ribbon Insurance TPD insurance benefit.

4.1 How to apply for a Police Blue Ribbon TPD benefit

If you have been notified that you are insured for this benefit through First State Super, you can initiate a claim by contacting Customer Service on **1300 650 873**.

When initiating a claim you will be asked to advise the date you were last physically able to attend the workplace as a result of your illness or injury. This helps ensure that First State Super sends you the correct package of forms for completion. This date is usually prior to the date you were medically discharged or the date that your employment ceased with NSW Police.

You will receive the following forms to start your claim:

- *Member's Statement* – to be completed by the member
- *Attending Doctor's Statement (TPD)* – to be completed by your treating doctor at the time you ceased work due to your disability.

Depending on the outcome of your claim, you may also be asked to complete an *Application for payment of a disablement form (FSS015)* and to provide **certified copies of proof of age and identity**. (Refer **Section 6 (a) What is a certified copy?**)

You may also send copies of any other existing medical reports and/or other medical evidence that you hold in relation to the illness or injury that you are claiming.

An **Employer's Statement** is also required. Once you have initiated your claim, we however upon your initiating a claim, First State Super will contact your employer directly for this claim form to be completed and returned directly to us.

You should attach all the requested documents, together with the fully completed and signed Member's statement, and return them to:

First State Super
PO Box 1229
Wollongong NSW 2500

4.2 First State Super will coordinate your claim

After checking you have provided all the necessary initial information, First State Super will lodge your claim with the Insurer.

The Insurer will contact you, your employer and your treating doctor/s directly to obtain any further information that they require in order to assess your claim.

The Trustee acts on behalf of any member making a claim by overseeing the management of the claim and ensuring that the assessment of your claim is handled in a timely manner by the Insurer. In addition, the Trustee checks that the correct amount is paid for any accepted claim and that the outcome for any declined claim is fair and reasonable.

If you wish to check the progress of your claim, you should contact us on **1300 650 873**.

4.3 The Insurer will assess your claim

The Insurer will refer to the information provided on the claim forms to start the claim assessment process. For a guide to the other information that may be requested, please refer to **Section 6 (b) Other information that the Insurer may request to assess your IP or TPD claims**.

5. Terminal illness insurance claims

i The Police Blue Ribbon insurance group life policy allows for the payment of the death benefit prior to death in the event that you have been diagnosed with a Terminal Illness as defined in Section 8.

5.1 How to apply for a Police Blue Ribbon Terminal Illness benefit

If you have been notified that you are insured for a death benefit through First State Super, you can initiate a claim for Terminal Illness by contacting Customer Service on **1300 650 873** and advising of your intention to make a claim. First State Super will send out the forms to be completed so that your claim can be lodged with the Insurer.

There is no requirement for you to have ceased employment in order to apply for this benefit. Generally you will receive the following forms:

- *Application for payment of a disablement benefit form (FSS015)*
- *Terminal Illness claim form* – to be completed by you
- *Attending Doctor's Statement (Terminal Illness)*
- *Attending Specialist's Statement (Terminal Illness)*.

You may also send copies of any other existing medical reports and/or other medical evidence that you hold in relation to the illness or injury that you are claiming.

You should attach all the requested documents, together with the fully completed and signed Member's statement, and return them to:

First State Super
PO Box 1229
Wollongong NSW 2500

5.2 First State Super will coordinate your claim

After checking you have provided all the necessary initial information, First State Super will lodge your claim with the Insurer.

The Insurer will contact you and your treating doctor/s directly to obtain any further information that they require in order to assess your claim.

The Trustee acts on behalf of any member making a claim by overseeing the management of the claim and ensuring that the assessment of your claim is handled in a timely manner by the Insurer. In addition, the Trustee checks that the correct amount is paid for any accepted claim and that the outcome for any declined claim is fair and reasonable.

If you wish to check the progress of your claim, you should contact us on **1300 650 873**.

5.3 The Insurer will assess your claim

The Insurer will refer to the information provided on the claim forms to start the claim assessment process.

If the claim is accepted on the basis of Terminal Illness and you satisfy the criteria for the early release of the benefit on the basis of a Terminal Medical Condition, no tax will be deducted from the payment made to you by First State Super.

6. Other information relevant to insurance claim procedures

6.1 What is a certified copy?

When making any insurance claim and applying for the release of any insurance proceeds from a member's account, applicants will be asked to provide a certified copy of proof of age and identity documents.

A certified copy is one that is signed, witnessed and stamped as being a 'certified true copy' by a person in your state or country qualified to witness Statutory Declarations such as a Justice of the Peace, Solicitor, Barrister, Notary Public. First State Super will accept photocopies of the original documents that have been certified as described but will **not** accept photocopies of certified documents.

A full list of documents that will satisfy these requirements and the people who are authorised to provide certified true copies of these documents is provided on the *Application for payment of a disablement benefit* form (FSS015).

6.2 Other information that the Insurer may request to assess your IP or TPD claims

The Insurer will use the information you provide to start the claim assessment process. As a guide, to complete an assessment of your claim, the Insurer may request any or all of the following:

- medical reports/clinical notes from your treating doctors, both general practitioners and specialists
- medical reports/clinical notes from any hospital in which you were treated
- additional information from your employer including details of sick, annual leave taken as well as a copy of your human resources file
- workers compensation claim details if you are in receipt of workers compensation benefits
- claim information from any other Insurer, including information relating to any Income Protection or Compulsory Third party claims
- Centrelink records
- records from any other government departments, including but not limited to: the Department of Veteran Affairs, Department of Immigration, Australian Taxation Office, Medicare and Pharmaceutical Benefits Scheme
- any other information that the Insurer considers necessary in the assessment of the claim.

The Insurer may also request:

- copies of Tax returns and Notice of Assessments for the years that they nominate. This will include, but will not be limited to individual, company, partnership and/or trust tax returns.
- details of work activities undertaken before and/or after you ceased employment due to your illness or injury
- completion of a detailed Vocational Questionnaire
- completion of a Daily Activities Diary for any period that the Insurer nominates
- submission of additional authorities e.g. Medicare and Pharmaceutical Benefits Scheme authority, Australian Taxation Office Authority.

Please note that failure to provide any requested information in a timely manner can result in delays in the assessment of your claim.

If it is deemed necessary by the Insurer, they may ask you to attend one of more of the following:

- medical examinations
- vocational and functional assessments
- factual interviews.

You are responsible for any costs associated with completing and providing the claim documentation (including claim forms) and associated documents that the Insurer reasonably requires from time to time to assess the claim. You may also be asked, at your expense, to provide other evidence that the Insurer reasonably require to substantiate your claim.

Costs incurred for additional medical examinations or reports that the Insurer requests will be met by the Insurer.

If you are unable to attend appointment/s agreed with the Insurer, a minimum of 48 hours notice will be required to cancel the appointment/s, including the reason/s why you are unable to attend. Failure to attend designated appointments can result in delays in the assessment of a claim as well as a suspension or denial of a claim. The person making the claim will be responsible for any non-attendance fee incurred for the failure to attend any agreed appointment

6.3 How long does it take to assess a TPD claim?

The time that it takes to assess a TPD claim varies according to the characteristics of each individual claim and cross-referencing the definition of TPD. Factors influencing the time that it takes to complete an assessment are:

- the length of time it takes for doctors and other service providers (e.g. worker's compensation Insurers) to respond to requests for reports and copies of files.
- as information comes to hand during the course of assessing the claim, it may require further information to be sought from your employer, you or your doctor/s.
- conflicting diagnoses from different doctors.
- the waiting time for medical appointments with independent specialists.

Every effort is made to finalise the assessment of a claim as soon as possible, however we are unable to quote a specific period due to some of these factors.

6. Other information relevant to insurance claim procedures (continued)

6.4 What happens if the Insurer declines my claim?

The Trustee reviews the Insurer's decisions for all claims on your behalf to ensure that the determinations are fair and reasonable. If, after this process, you are advised that the claim has been declined and you disagree with this decision you may lodge a complaint with the Trustee.

6.5 How do I lodge a complaint?

Please refer to our fact sheet *Complaints handling* for details. This fact sheet can be downloaded from www.firststatesuper.com.au or requested by contacting Customer Service on **1300 650 873** or requested by sending an email to enquiries@firststatesuper.com.au.

6.6 Condition of release

The Trustee must be satisfied that all accepted claims meet the criteria for a condition of release under superannuation law before any benefits are payable from First State Super.

6.7 Can claims for IP and TPD be lodged at the same time?

If your condition is a permanent disability and you want to lodge a claim for a TPD benefit as well as an IP claim, this can be done at the same time. You do not have to wait until the end of the IP benefit payment period.



6.8 Relevant insurance company

During the course of the assessment of your TPD claim, it may be identified that the incident date for your claim related to a previous period when First State Super's insurance provider for Police Blue Ribbon was *MetLife (MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096)*. This may be identified when you initiate your claim and you will be sent MetLife claim forms or, it may be identified during the course of the claim assessment by TAL in which case your claim will be redirected to MetLife. In this event, there will be minimal disruption to the assessment process.

6.9 Partial and Permanent Disablement ('PPD') benefit

This benefit was provided by NSW Police under the Award that has now been repealed. These benefits were never provided through First State Super. All enquiries in this regard should be directed to NSW Police.

6.10 Police Blue Ribbon Member Booklet (Product Disclosure Statement)

Full details of the IP, Death, TPD and Terminal Illness insurance cover are set out in this guide dated 20 January 2011 or later. This includes the levels of insurance cover and premiums payable.

6.11 Basic insurance cover in First State Super

In addition to your Police Blue Ribbon Insurance cover you may be covered for basic insurance benefits as a member of FSS. At the time of initiating a Police Blue Ribbon Insurance claim, First State Super will ensure that this cover is taken into account when managing your claim.

6.12 How many benefits can I claim under Police Blue Ribbon Insurance?

The Police Blue Ribbon benefits are provided under the following policies:

- Police Blue Ribbon Income Protection Policy (IP benefits)
- Police Blue Ribbon Group Life Policy (Death, Terminal Illness and TPD)

Important note: If eligible, a benefit can be claimed from the Income Protection policy plus either the Death, Terminal Illness or TPD benefit from the Group Life Policy depending on the circumstances of the claim.

7. Definition of TPD

Note: if you were an insured member before 1 July 2014 and your cover has continued in force, you should contact us for the relevant definition.

The following definition of Total and Permanent Disablement applies to you if your Total and Permanent Disablement cover commenced, recommenced or was reinstated on or after 1 July 2014.

You must meet the applicable criteria below at the time of claim:

1. Part (i) below if, at the Incident Date, your Normal Hours are 15 hours each week or more;
2. Parts (i) and (ii) below if, at the Incident Date, your Normal Hours are less than 15 hours each week.

(i) Unlikely to work

You have been absent from your Occupation as a police officer through Injury or Illness for six consecutive months and have provided proof to the insurer's satisfaction that you have become incapacitated to such an extent as to render yourself unlikely ever to engage in any gainful profession, trade or occupation for which you are reasonably qualified by reason of education, training or experience.

(ii) Activities of Daily Living

You, because of Injury or Illness, have become permanently unable to perform the basic activities normally undertaken as part of everyday life. This will be evidenced by you being unable to undertake any two of the activities listed below:

1. Bathing – to shower or bathe;
2. Dressing – to dress or undress;
3. Toileting – to use the toilet, including getting on and off;
4. Feeding – to eat and drink;
5. Mobility – to get in or out their wheelchair; or.
6. Continence – to control bladder and bowel function.

If you can perform the activity on your own by using special equipment you will not be considered unable to perform the activity.

8. Definition of Terminal illness

Note: if you were an insured member before 1 July 2014 and your cover has continued in force, you should contact us for the relevant definition.

'Terminal Illness' means, if your death cover commenced, recommenced, or was reinstated on or after 1 July 2014:

- (a) Two Medical Practitioners have certified that you suffer from an Illness, or have incurred an Injury, that is likely to result in your death within a period of 12 months of the date of certification, and
- (b) at least one of the Medical Practitioners is your treating specialist (and practices in an area related to the Illness or Injury), and
- (c) less than 12 months has passed since the date of each certification, and
- (d) each certification was issued while you were covered under this policy, and
- (e) the insurer is satisfied that, despite reasonable medical treatment, the Illness or Injury will lead to your death within 12 months of the certification.

Please note: The insurance described in this fact sheet is subject to the terms and conditions of the policies issued to the Trustee by the Insurer and the policy terms and conditions apply in the event there is any inconsistency with the information set out in this fact sheet.

Note: For completeness please refer to the *Member Booklet Supplement - Insurance Blue Ribbon Super members* for a Glossary of Terms used in the definitions in Sections 3, 7 and 8.

We're here to help!

Super can be quite complicated and sometimes you just want to know that you're making the right decisions. Because the right decisions about your super can make a real difference to your financial future.

So if you've got any questions, or you just want the comfort of knowing you're on the right track, why not give us a call?

We can answer simple questions over the phone, or if your situation is more complex, we can prepare a full financial plan. It's all up to you, no obligation, just call 1300 650 873.

Financial planning advice is provided by First State Super Financial Services Pty Limited ABN 37 096 452 318, AFSL 240019.



Service and advice

- Phone** 1300 650 873
Fax 1300 722 072
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