Making an Income Protection Claim

What is Income Protection cover?

Income Protection (IP) cover provides eligible insured members a monthly benefit of up to 95% of your gross monthly salary if you are temporarily unable to work due to illness or injury. Of this, 80% is payable to you as a cash benefit and 15% as a Superannuation Guarantee (SG) contribution into your QIEC Super account.

Each unit of Income Protection cover provides a benefit of $1,100 per month. The monthly benefit payable is dependent on your income, the number of units you hold and your waiting period. Most insured members will have a 60 day waiting period, unless they applied for and were accepted by the insurer for a 30 day waiting period. You would have been advised of the waiting period applicable to you at the time of acceptance. After the waiting period, benefits will begin to accrue and will be payable monthly in arrears if you have met the requirements.

The benefit period will be a maximum of 5 years, unless you have applied for and been accepted by the insurer for a longer benefit period. See your Insurance Acceptance letter, or call QIEC Super on 1300 360 507, for the benefit period applicable to your cover.

For members with optional Additional Income Protection to age 67 some of the conditions of this cover may vary. For more information refer to the Insurance Guide.

How do I qualify for an IP benefit?

You may qualify for an Income Protection benefit if you meet the definition of total disability as determined by our insurer in accordance with the Income Protection policy. The Income Protection definitions used to assess your claim, and the amount payable per unit, will be based on the insurance policy definitions in place at the time of your disablement.

Under the existing policy definition, a member is considered to be disabled if, because of sickness or injury, he or she has ceased to be gainfully employed and is:
- totally disabled for the waiting period; and
- unable to perform at least one income producing duty of his or her occupation; and
- is under the regular care of, and following the advice of, a medical practitioner; and
- not working in any occupation, whether or not for reward.

Gainfully employed means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment including a member who has ceased temporarily to receive any gain or reward under a continuing arrangement for the member to be gainfully employed.

Income producing duty means a duty of the member’s occupation immediately before he or she became disabled which generates 20% or more of the member’s income.

Exclusions for medical conditions or specific activities may also apply to your cover. See your Insurance Acceptance letter, or call QIEC Super for details of this.

Please refer to the QIEC Super Insurance Guide available at qiec.com.au/members/forms if you would like more information about the insurance definitions referred to above.

How do I make a claim?

1. Contact us to notify us of your claim

   Please call QIEC Super on 1300 360 507 to speak to a member of our insurance team who will organise for the relevant initial requirements to be sent to you. The following documentation will be forwarded to you:
   - Claimant’s statement (to be completed by you)
   - Medical attendant’s statement (to be completed by your treating doctor)
   - Employer’s statement (to be completed by your employer at the time of your illness or injury)
   - EFT details form
   - Tax File Number declaration

   If any costs are incurred in the completion or provision of any of the documents listed above, you will need to meet the associated costs.

2. Submit the claim

   Once you have completed the claim forms and collected all of the initial requirements, including certified identification documents, return all documentation to QIEC Super at the following address:

   QIEC Super
   PO Box 2130
   Milton QLD 4064

3. QIEC Super assessment

   Our claims team will review the information and check your eligibility to lodge a claim. This involves ensuring that you had insurance cover during the relevant time period and that your insurance premiums have been paid for that period. If there is any missing information, you will be contacted. Once all required information has been received, we will submit your claim to our insurer for assessment.

4. Our insurer will assess your claim

   Our insurer will assess your claim, and your eligibility to claim, in line with the insurance policy terms and conditions. The insurer may also request additional information to assist with the assessment of your claim such as copies of payslips to confirm the income
you have received from your employer, workers compensation and/or Department of Human Services records or details of leave records from your employer.

The insurer may also require a face to face customer visit, whereby someone representing the insurer will attend a location convenient to you, such as your home, to obtain further details around the circumstances leading up to your claim.

The insurer may require extra medical information and may make an appointment for you with specific doctors or other health professionals. All costs associated with this request will be met by the insurer.

If your claim is accepted, your gross benefit will be the lesser of the following amounts:

- The monthly insured cover which is equal to $1,100 times the number of units you have
- Up to 95% of your average monthly income earned in the 12 months immediately prior to your illness or injury, or
- $25,000 benefit per month

Please see the ‘Important Information’ section below or information about when the amount paid to you may differ from this.

5. Ongoing claims management

The insurer needs to monitor your progress while you are receiving Income Protection benefits to determine whether you still meet the definition of total disability and are therefore still entitled to receive benefits.

Ongoing progress reports are required to be completed by your treating doctor. The frequency of these reports will be determined by our insurer and you will be provided with the relevant forms for completion. You will also be responsible for the ongoing costs of having your doctor complete the progress reports as required.

Note: It is important to note that where a progress report is requested by the insurer, any further benefit payments will not be processed until the progress report has been received and reviewed by the insurer.

For income definitions please refer to the QIEC Super Insurance Guide available at qiec.com.au/members/forms. In most cases our insurer will pay you directly by depositing the benefit into your nominated bank account. The super benefit component will be paid directly to QIEC Super and will be allocated to your account. In order to allow for direct payment, the insurer will require your bank account details and also your tax file number declaration to ensure that your benefit is taxed at the correct rate.

Important information

Any benefit payable to you will be reduced by income tax and will also be reduced by other disability income earned in the period where the benefit is being calculated. This means that your benefit may be reduced if you are receiving any of the following:

- Sick leave payments
- Any amounts payable under legislation such as workers compensation benefits or motor accident benefits
- Any amounts received from other Income Protection policies
- Any income in the insurer’s opinion that you could reasonably be expected to earn while disabled. If you are fit to return to work in a reduced capacity but there is no work available, the insurer will not offset any income you should be able to earn. Please note, you are required to make all reasonable attempts to find suitable duties, or be prepared to work in an alternate role that is within the restrictions set out by your doctor.

In addition, if your employer makes any Superannuation Guarantee (SG) contributions to QIEC Super for you while you are receiving Income Protection benefits, then the 15% SG contribution benefit (that forms part of the Income Protection benefit) may be reduced by an equivalent amount.

If you are partially disabled (which means that you have capacity to return to part-time work after a period of time), your benefit will be adjusted to take into consideration your return to employment.

The amount you receive will be the amount after tax. The insurer will issue a PAYG Payment Summary to you, at the end of each financial year in which you receive benefits, to use for your tax return.

This information is a summary only. Further information can be found in the Product Disclosure Statement (PDS) and Insurance Guide available at qiec.com.au/members/forms.

General Advice Warning

This information is of a general nature and does not take account of your individual financial situation, objectives or needs. Because of this you should, before acting on this advice, consider the appropriateness of the advice, having regard to your objectives, financial situation and needs. You should obtain a Product Disclosure Statement (PDS) and Insurance Guide available at qiec.com.au or by telephoning 1300 360 507 and consider the PDS and Insurance Guide before making any decision. If you require such specific advice, you should contact a licenced financial adviser. QIEC Super Pty Ltd (ABN 81 010 897 480), the Trustee of QIEC Super (ABN 15 549 636 673), is Corporate Authorised Representative No. 268804 under Australian Financial Services Licence No. 238507 and is authorised to provide general financial product advice in relation to superannuation. This information does not contain full details of the insurance arrangements between QIEC Super and CommInsure. Full terms and conditions are outlined in the Policy documents. CommInsure is the registered business name of The Colonial Mutual Life Assurance Society Limited (CMLA) (ABN 12 004 021 809); CMLA is a wholly owned, but non-guaranteed subsidiary of Commonwealth Bank of Australia. This information is correct as at 01/07/2014.