

Claiming a Terminal Medical Condition Benefit

If you are diagnosed with a terminal illness, you may be able to access your QSuper superannuation and any death benefit insurance cover that you hold.

This factsheet contains information on eligibility requirements and how to make a claim.

Terminal Medical Condition: accessing your super

A terminal medical condition is an illness or injury that will likely result in your death within 24 months. If you are diagnosed with a terminal medical condition (see definition below) and meet eligibility requirements, you will be able to access your superannuation account balance as you will have met what is called a condition of release. The period of time you can access your superannuation is within 24 months from the date your condition is certified, which is known as the certification period.

Terminal Illness: claiming insurance

If you are assessed as having a terminal medical condition and have death cover in your QSuper Accumulation account, we will also assess your eligibility for early access of your death cover. You will need to meet the terminal illness definition (see below) and eligibility requirements that apply to your cover. Please see the Insurance Guide for more information on eligibility at qsuper.qld.gov.au/guides

Your insured benefit will be added to your accumulation account balance and your benefit will be invested the same way your current account is invested.

If approved, your insurance benefit will be calculated from the date you are certified by two medical practitioners as having a terminal illness.

Definitions

A **terminal medical condition** can be determined when:

- Two registered medical practitioners have certified, jointly or separately, that you suffer from an illness, or have incurred an injury, that is likely to result in your death within a period (the certification period) that ends not more than 24 months after the date of the certification
- At least one of the registered medical practitioners is a specialist practising in the area related to the illness or injury you are suffering from
- For each of the certificates, the certification period has not ended.

A **terminal illness** means you are suffering a **terminal medical condition**, as defined above, subject to your prognosis taking into account reasonable medical treatment.

! Will my Accumulation account insurance be cancelled?

It is important to make sure your current Accumulation account insurance cover does not lapse and cancel while we are assessing your claim. Your cover will be cancelled if we do not receive any money into your account for 13 continuous months.¹

You can prevent this from happening by permanently opting in to cover or by having money added to your account.

You can permanently opt in to your insurance cover by logging in to Member Online and selecting 'I want to permanently opt in to cover'. Go to qsuper.qld.gov.au/optin

If you would like some help reviewing or changing your cover, please call us on **1300 360 750**.

Claiming with a Defined Benefit account

If you are diagnosed with a terminal medical condition, you can claim a tax-free terminal medical condition benefit through your Defined Benefit account. If you are under age 55 and you lodge a claim while the terminal medical condition exists, you may be paid your Defined Benefit accrued entitlement, plus your projected entitlement to age 55. This is calculated in the same way as the Total and Permanent Disability (TPD) lump sum, but there is no defined pension option.

Additionally, your children may be eligible to receive a pension if you pass away due to the terminal medical condition or a related condition.

If you are ineligible to be paid a prospective benefit because you are over 55, your children may still be eligible for a pension if you pass away during the certification period due to the terminal medical condition or a related condition.

For more information, please read the Defined Benefit Guide at qsuper.qld.gov.au/guides



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¹ There are various other circumstances when cover will end, refer to the Insurance Guide, available at qsuper.qld.gov.au/pds

Claiming with a State or Police account

If you are diagnosed with a terminal medical condition and have a State or Police account, please call our Member Services team on **1300 360 750** for information about our options.

Please do not fill out any of the forms at the back of this factsheet unless you also hold a QSuper Accumulation and/or Income account.

Claiming with a Lifetime Pension

If you are diagnosed with a terminal medical condition, you may be able to access money-back protection. It is important to understand that if you have any money-back protection benefit amount remaining and your claim is approved, you will be paid this amount as a lump sum and your Lifetime Pension will close and your payments will cease.

You may want to consider getting financial advice before making a decision and submitting a terminal medical condition claim.

Your money-back protection benefit will be subject to limits set by the Australian Government which may reduce the amount returned to you. The death benefit amount paid from a Lifetime Pension is subject to a legislated maximum known as the capital access schedule (CAS).

For further details, please refer to the Product Disclosure Statement for Income Account and Lifetime Pension at qsuper.qld.gov.au/pds

How to make a claim

To make a claim for a Terminal Medical Condition benefit, you need to provide information about your condition.

Our claim forms are at the back of this factsheet and need to be completed in full and returned to us.

- Terminal Medical Condition Claim (Part A) – Member's Statement – you (or your power of attorney) need to complete this part
- Terminal Medical Condition Claim (Part B) – Doctor's Statement – your Doctor needs to complete this part
- Terminal Medical Condition Claim (Part C) – Specialist's Statement – your Specialist needs to complete this part.

You should also attach any relevant medical documents on your condition to your claim forms, such as doctor's reports or test results.

Once the forms are complete and you have attached any relevant documents, please return them to us by:

Email: insuranceclaims@qsuper.qld.gov.au

Post:

QSuper
Insurance Operations
GPO Box 200
Brisbane QLD 4001

Fax: 07 3239 1139

If you need any help when completing the forms, please call us on **1300 360 750**.

Overview of the claims process

Here's a quick rundown of how the claims process works:

1 We receive your claim forms

Please make sure you have submitted these three completed claim forms:

- A** Terminal Medical Condition Claim (Part A) – Member's Statement
- B** Terminal Medical Condition Claim (Part B) – Doctor's Statement
- C** Terminal Medical Condition Claim (Part C) – Specialist's Statement



2 We assess your claim



Our aim is to assess your claim as quickly as possible. Once we receive all the necessary paperwork, we will allocate a dedicated claims manager who will contact you within 5 business days.

Your claim will be assessed against the terms and conditions applicable to the insurance you held at the date your condition was determined.

This may include:

- Any exclusions or limitation
- Any pre-existing conditions.

Assessment timeframe

We aim to make a decision on all terminal medical condition claims as a priority and no later than 6 months. If we are unable to make a decision on your claim within this timeframe, we will write to you to explain why.

Additional information

If we need further medical information, we will request a medical report. This includes reports from an independent medical examination. We will cover any costs to obtain this additional medical information.



Your claim is approved

If your claim is approved, your super balance and any insurance will be made unrestricted non-preserved, which means you can withdraw lump sums from your account. Any lump sums you receive during the certification period are tax-free. Any contributions you make during the certification period will also be available for you to withdraw.

When the certification period ends

At the end of the certification period, you can still access any money that was made unrestricted non-preserved, but you may have to pay tax on any future withdrawals. For your withdrawals to remain tax-free, you will need to once again satisfy the eligibility criteria and be certified again as having a terminal medical condition.

You should also know that after the end of your certification period, any new contributions you make and any investment returns will be preserved. This means they will not be available for withdrawal until you meet a condition of release.

How to access your benefit

You can access your benefit by completing one of the following:

- Make a Withdrawal from an Accumulation Account form
- Lifetime Pension Closure for Terminal Medical Condition form
- Defined Benefit Disability or Terminal Medical Condition Benefit Instruction form.

Advice options

There may be financial or tax implications you should consider when accessing your benefit. Advice from a licensed professional, such as a financial adviser, may be helpful to decide the best option for you when it comes to your superannuation benefits. See our website for more information about advice options qsuper.qld.gov.au/advice



Your claim is not approved

Once our Insurer has assessed all the available information about your claim, Australian Retirement Trust Pty Ltd (Trustee) will review the decision.

- If the Trustee requires extra information or does not agree with our Insurer's decision, your claim will be sent back to your claims manager for reconsideration.
- If the Trustee agrees with the decision to decline your claim, your claims manager will advise you of the outcome and provide you with a statement explaining the reasons your claim has not been approved.

What happens next

You will receive a statement from us which includes:

- The reason for our decision
- Copies of the documents and information we have used to make our decision
- The appeals process.

What if I am not happy with the decision?

We understand not everyone will be happy with the decisions made about their claims. If you wish to lodge an appeal for review by Australian Retirement Trust, please contact us:

Mail Quality and Compliance, Operations QSuper
GPO Box 200, Brisbane QLD 4001

Phone 1300 360 750

Email qsuper@qsuper.qld.gov.au

In person

266 George Street, Brisbane
Sunshine Coast University Hospital
Ground Floor, Main Hospital Building,
6 Doherty Street, Birtinya

You will need to cover any costs to obtain medical reports to support your appeal.

If an issue is not resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers. You can contact AFCA on **1800 931 678** (free call), the AFCA website afca.org.au or email info@afca.org.au You may also write to AFCA at Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001.

Member Centres

Visit qsuper.qld.gov.au/membercentres for locations

Member Services team

Phone 1300 360 750
Overseas +61 7 3239 1004
Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001

Email qsuper@qsuper.qld.gov.au

Fax 1300 242 070

Website qsuper.qld.gov.au

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Terminal Medical Condition Claim (Part A) – Member’s Statement

How to use this form

If you have a terminal medical condition, you can use this form to apply to claim your super benefit.

You need to complete the Member’s Statement section of this form, and both your doctor and medical specialist need to complete the attached statements.

Please complete in **BLOCK** letters, in blue or black ink.

1 Personal details

Title	First name/s
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Previous name ¹ (if we know you by another name)	
<input type="text"/>	
Date of birth (dd/mm/yyyy)	
<input type="text"/>	/ <input type="text"/>
Home phone number	
<input type="text"/>	Mobile phone number
<input type="text"/>	<input type="text"/>
Work phone number	
<input type="text"/>	
Email address	
<input type="text"/>	
Residential address	
<input type="text"/>	
<input type="text"/>	
State	Postcode
<input type="text"/>	<input type="text"/>
Postal address	<input type="checkbox"/> As above
<input type="text"/>	
<input type="text"/>	
State	Postcode
<input type="text"/>	<input type="text"/>

2 Medical details

Please provide the details of your illness/diagnosis

What are/were your symptoms?

Please tell us when your symptoms began (dd/mm/yyyy)

 / / 

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¹ If your name has changed and you work for the Queensland Government or a default employer, let your payroll office know and they'll then let us know. Otherwise, please send us a certified copy of either a marriage certificate or other legal change of name document.

3 Medical practitioner's details

Doctor's name

Doctor's speciality

Doctor's address

State

Postcode

Doctor's phone number

Please tell us the date you first saw this doctor

(dd/mm/yyyy)

 / /

Is this your usual doctor?

Yes

No

If **no**, please tell us the name and address of the doctor you usually see:

Doctor's name

Doctor's address

State

Postcode

Have you had the same or a similar condition or symptoms in the past?

Yes

No

If **yes**, please provide details below:

Date of treatment (dd/mm/yyyy)

 / /

Name of treatment provider

Address of treatment provider

State

Postcode

If there is any other information or feedback about your claim that you want to provide, please tell us below.

If you want to give us the authority to release information about your claim to your personal representative, such as your partner, please complete the Authority to Release Information: Personal Representative form. Download the form from qsuper.qld.gov.au/forms or call us to request a copy.

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

The insurer² collects and uses your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent to obtain your health information, unless we reach a different agreement with you.

Please sign to accept both Authorities. Withholding your consent can result in delays and might mean we are unable to process your application or claim.

Before signing, please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 20 business days from our request; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to the insurer, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form the insurer asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- The insurer can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while the insurer is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed physically or electronically.

Name

Signature

Date signed (dd/mm/yyyy)

 / /

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/ Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to the insurer, or to third parties they engage, only if the insurer has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within 20 business days; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- The insurer can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while the insurer is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed physically or electronically.

Name

Signature

Date signed (dd/mm/yyyy)

 / /

Your Privacy

Information collected on this form and in connection with your claim is collected by Australian Retirement Trust Pty Ltd as trustee for Australian Retirement Trust and ART Life Insurance Limited (ART Life), our registered life insurance company. This information may be shared with other entities that are ultimately owned by Australian Retirement Trust Pty Ltd when it is necessary.

We take protecting your privacy seriously. We are collecting your personal and sensitive information in order to assess or manage your claim, and administer insurance benefits if approved.

Without this information and information we may collect, with your consent, from third parties such as medical and wellbeing professionals, and your employer, we may be unable to appropriately assess or manage your claim or provide you with benefits to which you may be entitled. We may share your personal information with third parties if we need to, if you have provided consent, or if we are required to by law. Some third parties may be located overseas. More information about how we may use or disclose your personal information or how individuals can access or correct their information, is set out in our Privacy Policy, available from qsuper.qld.gov.au/privacy.

Declaration and Authorisation

- I confirm that I am the member named on this form or I have power of attorney to act on the member’s behalf and that the information given on this form is true and correct.
- I understand and agree that I have an obligation to do all things reasonably necessary to assist the insurer to assess my claim and to investigate any matter in connection with my claim (for example, providing medical information and undertaking medical examinations or occupational assessments where requested). I understand that if I do not do all things reasonably necessary to assist with the assessment or investigation, Australian Retirement Trust or the insurer may not be able to assess my claim.
- I have read the Product Disclosure Statement for Income Account and Lifetime Pension (PDS), the Product Disclosure Statement for Accumulation Account (PDS), the Insurance Guide, and the Defined Benefit Guide (if applicable).
- If a terminal illness benefit is paid, I understand that if I have any Lifetime Pensions with a remaining money-back protection benefit, they will be closed and cannot be reopened, and I will no longer receive any Lifetime Pension payments.
- I understand and agree that a photocopy of this document (including this Declaration and Authorisation) is considered as valid as the original.
- I consent to Australian Retirement Trust and the insurer and their service providers collecting my personal, financial and medical information for the purpose of assessing and managing my claim or confirming the information provided when I applied for cover. This information may be collected from the individuals and organisations listed below:
 - My employer
 - My accountant
 - Workers’ compensation insurer
 - CTP insurer, other insurers, and other superannuation funds
 - Federal and State Government agencies including Services Australia (e.g. Centrelink, Department of Veterans’ Affairs, etc.) and the Australian Taxation Office (ATO)
 - Medical professionals including my doctors, specialists
 - Rehabilitation, allied health, and return-to-work professionals appointed by me, my employer, other insurers, or my lawyer.
- I consent to Australian Retirement Trust and the insurer and their service providers disclosing my personal, financial and medical information for the purpose of assessing and managing my claim or confirming the information provided when I applied for cover. This information may be disclosed to the individuals and organisations listed below:
 - My employer
 - Other service providers, advisers and assessors appointed by Australian Retirement Trust or the insurer to carry out functions to assist in managing my claim
 - Medical professionals including my doctors, specialists
 - Rehabilitation, allied health, and return-to-work professionals appointed by me, other insurers, or my lawyer.
- I understand and agree that in addition to the above, my personal, financial and medical information may be shared between entities that are ultimately owned by Australian Retirement when necessary (including to enable Australian Retirement Trust or the insurer to respond to requests for information).
- I understand that more information about how Australian Retirement Trust and the insurer may use or disclose my personal information, financial information and medical information, is set out in the Privacy Policy available from qsuper.qld.gov.au/misc/privacy.

Name

Signature

Date signed (dd/mm/yyyy)

 / /

Member Centres

Visit qsuper.qld.gov.au/membercentres for locations

Member Services team

Phone 1300 360 750
Overseas +61 7 3239 1004
Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001

Email qsuper@qsuper.qld.gov.au

Fax 1300 242 070

Website qsuper.qld.gov.au

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Terminal Medical Condition Claim (Part B) – Doctor’s Statement

How to use this form

If you have a terminal illness or injury and you are applying to claim your benefit, we also need detailed information from your doctor and medical specialist about the nature, cause, and extent of your injury or illness. Please give this form to your doctor to complete and then return it to us with your claim, along with any copies of test results.

We need to let you know that if your doctor charges you for completing this form, the payment is your responsibility. Australian Retirement Trust and the insurer do not pay for this.

Please complete in **BLOCK** letters, in blue or black ink.

1 Your patient’s details

Title	First name/s			
<input type="text"/>	<input type="text"/>			
Last name				
<input type="text"/>				
Date of birth (dd/mm/yyyy)				
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

2 Your patient’s history

Are you the claimant’s usual doctor?

Yes No

If **yes**, what date did you first begin treating them?
(dd/mm/yyyy)

/ /

If **no**, please tell us who referred them to you.

What date did you first see them? (dd/mm/yyyy)

/ /

3 Your details (doctor)

Title	First name/s		
<input type="text"/>	<input type="text"/>		
Last name			
<input type="text"/>			
Medical specialty			
<input type="text"/>			
Postal address			
<input type="text"/>			
<input type="text"/>			
State	<input type="text"/>	Postcode	<input type="text"/>
Phone number			
<input type="text"/>			
Email address			
<input type="text"/>			

You can find more information about our privacy policy at qsuper.qld.gov.au/privacy or call us to request a copy.



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4 Medical details

Please tell us more about the patient's condition.

What condition were they referred to you for?

What symptoms did they have?

When did they first start suffering from these symptoms? (dd/mm/yyyy)

 / /

Please provide the details of your diagnosis.

Please provide a copy of all test results.

Copies attached

What date was the diagnosis made? (dd/mm/yyyy)

 / /

Please detail current and planned medical treatment for your patient.

Does the patient suffer from an illness, or has incurred an injury, that is likely to result in their death within 24 months taking into account reasonable medical treatment?

Yes No

Please provide details.

Has the claimant had the same or a similar condition or symptoms in the past?

Yes No

If **yes**, please provide the details below.

5 Declaration

Name

Signature

(Please sign in blue or black pen – we do not accept electronic signatures on this form)

Date signed (dd/mm/yyyy)

 / /

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Terminal Medical Condition Claim (Part C) – Specialist’s Statement

How to use this form

If you have a terminal illness or injury and you’re applying to claim your benefit, we also need detailed information from your doctor and medical specialist about the nature, cause, and extent of your injury or illness. Please give this form to your specialist to complete and then return it to us with your claim, along with any copies of test results.

We need to let you know that if your medical specialist charges you for completing this form, the payment is your responsibility. Australian Retirement Trust and the insurer do not pay for this.

Please complete in **BLOCK** letters, in blue or black ink.

1 Your patient’s details

Title	First name/s	
<input type="text"/>	<input type="text"/>	
Last name		
<input type="text"/>		
Date of birth (dd/mm/yyyy)		
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Your patient’s history

Are you the claimant’s usual doctor?

Yes No

If **yes**, what date did you first begin treating them?
(dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If **no**, please tell us who referred them to you.

What date did you first see them? (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

3 Your details (specialist doctor)

Title	First name/s		
<input type="text"/>	<input type="text"/>		
Last name			
<input type="text"/>			
Medical specialty			
<input type="text"/>			
Postal address			
<input type="text"/>			
<input type="text"/>			
State	<input type="text"/>	Postcode	<input type="text"/>
Phone number			
<input type="text"/>			
Email address			
<input type="text"/>			

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4 Medical details

Please tell us more about the patient's condition.

Date of referral (dd/mm/yyyy)

 / /

What condition were they referred to you for?

What symptoms did they have?

When did they first start suffering from these symptoms? (dd/mm/yyyy)

 / /

Please provide the details of your diagnosis

Please provide a copy of all test results.

Copies attached

What date was the diagnosis made? (dd/mm/yyyy)

 / /

Please detail current and planned medical treatment for your patient.

Does the patient suffer from an illness, or has incurred an injury, that is likely to result in their death within 24 months taking into account reasonable medical treatment?

Yes No

Please provide details.

Has the claimant had the same or a similar condition or symptoms in the past?

Yes No

If **yes**, please provide the details below.

5 Declaration

Name

Signature

(Please sign in blue or black pen – we do not accept electronic signatures on this form)

Date signed (dd/mm/yyyy)

 / /

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