

Claiming a Terminal Medical Condition Benefit

If you are diagnosed with a terminal illness, you may be able to access your superannuation and any death benefit insurance cover that you hold. Please read this factsheet for information on the eligibility requirements and how to make a claim.

When can I make a claim on my super?

If you are diagnosed with a terminal medical condition (an illness or injury that will likely result in your death within 24 months, also known as the certification period) you may be able to access your superannuation as you will have met what is called a condition of release.

Once we have confirmed that you meet the eligibility criteria, your super balance 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.

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.

After the end of your certification period, any new contributions you make and any investment returns will be preserved, which means they will not be available for withdrawal, until you meet a condition of release.

Is my Accumulation account insurance included?

If you hold death insurance cover through an Accumulation account and meet the definition of terminal illness, you may be able to claim your death insurance benefit.¹

Please remember that you will need to meet the eligibility requirements and pre-existing condition exclusions may apply to any insurance cover you have.

If you have previously been diagnosed with a terminal illness, have received, or are entitled to receive, a total and permanent disability benefit, before your default or increased cover started, then a benefit will not be paid for any injury or illness related to a pre-existing condition you have. You can refer to the *Accumulation Account Insurance Guide* for more information about when pre-existing conditions apply, or call our Member Services team on **1300 360 750** to find out if you have any pre-existing exclusions on your cover that may affect your benefit entitlements.

Your insurance claim will be determined based on your date of disablement (defined in the *Accumulation Account Insurance Guide*), not the date you make your claim.

¹ QSuper Accumulation account death cover, total and permanent disability (TPD) cover, and income protection cover are provided through a group life insurance policy issued to the QSuper Board by QInsure Limited (ABN 79 607 345 853, AFSL 483057) ('QInsure'). QInsure is ultimately owned by the QSuper Board as trustee for QSuper. ² There are various circumstances when cover will end, refer to the *Accumulation Account Insurance Guide*, available at qsuper.qld.gov.au/pds

! 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.²

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 select 'I want to permanently opt in to cover': 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, you may be paid your Defined Benefit accrued entitlement, plus your projected entitlement to age 55, calculated in the same way as the TPD lump sum (but there is no Defined pension option).

Additionally, after your death, your eligible children may receive a pension.

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

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 your options. Please do not fill out this form, unless you also hold a QSuper Accumulation and/or Income account.

Definitions of terminal medical condition and terminal illness

In order to access your super account, you must be able to meet the definition of terminal medical condition.

A terminal medical condition can be determined when:

- a) 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
- b) 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, and
- c) For each of the certificates, the certification period has not ended.

If you hold Accumulation death insurance cover, you may be eligible to make a claim for terminal illness. A terminal illness is determined when you meet the following conditions:

- a) 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
- b) 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
- c) For each of the certificates, the certification period has not ended, and
- d) The prognosis takes into account reasonable medical treatment.

If you hold a Defined Benefit account and you are assessed as having a terminal medical condition before you reached age 55, you may be eligible to receive a projected entitlement to age 55, and your children may be eligible to receive a pension if you pass away due to the terminal medical condition or a related condition. This applies when you meet the following conditions:

- a) 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
- b) 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, and
- c) For each of the certificates, the certification period has not ended
- d) You lodge a claim while the terminal medical condition exists.

If you hold a Defined Benefit account and were ineligible to be paid a projected benefit because you were over 55, your children may be eligible for a pension if you pass away due to the terminal medical condition or a related condition.

How to make a claim

Please fill out the attached form and send it to us. Make sure you have a doctor and a medical specialist fill out the medical statements at the back. Once we receive all the required information, we will contact you to discuss your eligibility. If your claim is approved you can access your benefit by completing the

- *Make a Withdrawal from an Accumulation Account* form or
- *Defined Benefit Disability or Terminal Medical Condition Benefit instruction* form.

We're here to help

We understand that this may be a very difficult time and if you are needing more information, or assistance completing this form please call us on **1300 360 750**.

Member Centres

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Member Services team

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Consider whether the product is right for you by reading the product disclosure statement (PDS) available from our website or by calling us on 1300 360 750.

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Terminal Medical Condition Claim – 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 fill out the attached statements.

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

1 Personal details

Title	First name
<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"/>
<input type="text"/>	/ <input type="text"/>
Home phone number	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 give us details of your illness/diagnosis

What are/were your symptoms?

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

 / /

¹ If your name has changed and you work for the Queensland Government or 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's any other information or feedback about your claim that you want to provide, please tell us below.

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.

We, **QInsure**, collect and use 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.

Even if we collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your Duty of Disclosure under the *Insurance Contracts Act 1984* (Cth).

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 4 weeks; 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.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

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 **QInsure**, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form **QInsure** 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.
- **QInsure** 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 **QInsure** 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 electronically or consented verbally.

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 **QInsure**, or to third parties they engage, only if **QInsure** 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 four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- **QInsure** 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 **QInsure** 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 electronically or consented verbally.

Name

Signature

Date signed (dd/mm/yyyy)

 / /

Declaration and Authorisation

- I confirm the information I've given on this form is true and correct. I understand and agree that if I make any false or fraudulent statements, or don't give QSuper or its insurers any relevant information about my claim, they may refuse to pay this claim and cancel my cover under the policy. I consent to any sensitive information such as medical information collected in this form being used by the QSuper Board, QInsure and any of its authorised service providers for the purposes of assessing my eligibility for personalised cover and for the assessment or investigation of any future claims made in relation to such cover.
- I have read the QSuper *Product Disclosure Statement for Accumulation and Income Accounts, the Accumulation Account Insurance Guide, and the Defined Benefit Guide* (if applicable).
- I have read the *Your Privacy* factsheet and I understand how QSuper will collect, use and disclose my personal information.
- I understand that a photocopy of my authority is considered as valid as the original.
- I understand **QInsure** will collect, use, and disclose my personal information consistent with these authorities.
- I authorise **QInsure** and its service providers to collect my personal and medical information from the individuals and organisations listed below, for use in assessing and managing my claim:
 - Workers' compensation insurer
 - CTP insurer, other insurers, and other superannuation funds
 - Federal and State Government agencies including the Department of Human Services, the Department of Veterans' Affairs, and the Australian Taxation Office (ATO)
 - My employer
 - Rehabilitation, allied health, and return-to-work professionals appointed by me, my employer, other insurers, or my lawyer.
 - My accountant.
- I authorise **QInsure** and its insurers to disclose my personal and medical information to the individuals and organisations below as part of managing my claim:
 - My employer
 - Rehabilitation, allied health, and return-to-work professionals appointed by me, other insurers, or my lawyer

- Medical professionals for health, wellbeing, and rehabilitation, including my doctors, specialists, allied health providers, and their agents
- Other service providers and advisers appointed by **QInsure** or its insurers to carry out functions to assist in managing my claim
- QInsure's** appointed assessor, which may be located in or outside of Australia.

Name

Signature

Date signed (dd/mm/yyyy)

 / /

If you are signing this form under a power of attorney (POA) and you have not already given us a certified copy of your POA documentation, please attach it to this form.

Checklist

In order to process your claim as quickly as possible, make sure you complete this form in full and please attach the following documents (if applicable) and ensure they are correctly certified:

- Change of name**
If you've changed your name, please attach a certified copy of your change of name document e.g. marriage certificate. Please read the *Proving Your Identity* factsheet for further information.
- Medical reports**
Attach copies of any relevant medical reports you have that relate to this claim.
- Power of attorney documents**
If you haven't already, you need to give us an original certified copy of the power of attorney document that authorises you to complete a form of this kind.

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Terminal Medical Condition Claim – 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.

Please be aware that any charges your doctor has for completing this form, are your responsibility and neither QSuper nor QInsure can pay for this.

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

1 Your patient's details

Title	First name			
<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"/>
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3 Your details (doctor)

Title	First name		
<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 QSuper's privacy policy in our *Your Privacy* factsheet available at qsuper.qld.gov.au/factsheets or call us to request a copy.

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 give us 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 give details below.

5 Declaration

Name

Signature

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

Date signed (dd/mm/yyyy)

 / /

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Terminal Medical Condition Claim – 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. Unfortunately neither QSuper nor QInsure can pay for this.

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

1 Your patient’s details

Title	First name			
<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"/>
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3 Your details (specialist doctor)

Title	First name		
<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 QSuper’s privacy policy in our *Your Privacy* factsheet available at qsuper.qld.gov.au/factsheets or call us to request a copy.

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 give us 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 give details below.

5 Declaration

Name

Signature

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

Date signed (dd/mm/yyyy)

 / /

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