

# Death Benefit Claim Guide

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## Contents

Claim overview	3
How do I make a death benefit claim?	4
What's included in a death benefit?	4
How is it decided who gets a death benefit?	4
Who will receive the death benefit?	4
Who is an eligible beneficiary?	5
How can I take my payment?	5
Will there be tax on the benefit?	6
Complaints	7
Death Benefit Application Checklist	8
Death Benefit Application Part A – Beneficiary Information	11
Death Benefit Application Part B – Claim Declaration	15
Death Benefit Application Part C – Member's Medical Information	17

# Death Benefit Claim Guide

This guide explains the process for claiming a member's super balance, including any insurance, after their death.

We understand if you are dealing with the loss of a loved one, this may be a difficult time for you and your family. We are here to support you through this process and will handle your claim professionally and promptly.

## Claim overview



### 1. Contact us

A representative of the deceased member will need to advise us the member has passed away. As we understand this may be an emotional time, it's important to know that anyone can contact us – it does not need to be a close relative or family member.

The person advising us of the member's passing will need to call our Contact Centre team on **1300 360 750** and tell us:

- The member's name and date of birth
- The date of their passing
- If they had a valid will (if known)
- The notifying person's full name, relationship to the member, postal address and their best contact number
- The name/s of the member's spouse/partner and children - their names, dates of birth and contact details (if known).

Often all of this information is not known at the time the notification is made, and we will let you know what else we need throughout the claims process.



### 2. Death benefit claim process

When we are notified the member has passed away we will inform our Assessments team and they will look after the process from beginning to end. If there is no binding death benefit nomination, and/or reversionary beneficiary noted on the member's account/s, all people intending on making a claim will receive a letter from us outlining the next steps and any additional information we might need.

QSuper will:

- Collect information
- Identify potential beneficiaries
- Assess the claims.



### 3. Death benefit application

All people wanting to make a claim will need to fill in 'Part B - Claim Declaration' of the form at the back of this guide and return it to us. If you would like us to send you a hard copy of the form, please call our Member Services team on **1300 360 750**.



### 4. Claim assessment

We work with the executor or legal personal representative (the person nominated in the deceased person's will to manage their estate) and/or any dependants throughout the claim process. We may need further information to assess the claim and will request this if required.



### 5. Claim confirmation

Once a decision has been reached, we will contact all eligible claimants to advise them of our proposed decision and the claim outcome.

## How do I make a death benefit claim?

### 1. Making a death benefit application

The death benefit application form is at the back of this guide. Anyone who wants to be considered for a death benefit payment will need to complete 'Part B - Claim Declaration' of this form, as it lets us know who intends to claim a death benefit.

### 2. What's included in a death benefit?

A death benefit is the amount of money in a member's account, plus, if eligible, the value of any death insurance they may have had at the time of their death.

### 3. What you will need to provide

You will need to provide us with certified copies of the following documents:

- A death certificate (we will require certified copies of the front and back of this document)
- A will (if applicable).

If a death benefit is more than \$15,000, we may also ask you for a grant of probate (GOP) or letters of administration (LOA). These documents are a court's official recognition that someone has the authority to look after a person's estate when they die. The GOP is made out to an executor, and if a member does not have a will, then the LOA can be applied for.



The documentation that is needed for a death benefit claim is different for each member and we will let you know if anything additional is required, including a GOP or LOA.

### 4. Claim Outcome

In the event of multiple claims a proposal will be forwarded to all claimants. All claimants will then have 28 days to let us know if they want to object to this decision (please see page 5 for more information). If there are no objections, we will pay the death benefit.

### 5. How long it takes to make a decision

We work to make a decision as quickly as we can, and the process can take longer if:

- There are multiple people eligible to make a claim and we have difficulty locating them
- People making a claim don't return their required paperwork quickly
- Objections to the decision are made.

When there are multiple people making a claim, we need to write to each person and advise them of our decision. They then have 28 days to lodge an objection.

In cases where a claimant objects to QSuper's final decision and lodges a complaint with the Australian Financial Complaints Authority (AFCA) the claim will be resolved externally.

We will contact you regularly to keep you informed of the progress of the claim. You will also be able to contact the team member looking after your claim directly if you have questions.

## How is it decided who gets a death benefit?

### Binding death benefit nomination

QSuper members are able to make a binding death benefit nomination on their account and this tells us how they want their benefit distributed when they die.

Legislation governs who can be nominated in a binding death benefit nomination and this includes either:

- A legal personal representative (the executor or administrator of the estate) and/or
- One or more eligible dependants.

If you are a nominated beneficiary, you must still be eligible to receive the member's benefit at the time of their death. If you are nominated and not a valid beneficiary at the date of death the entire nomination is invalid and QSuper will decide on the distribution of the deceased member's superannuation.

If the member had an eligible reversionary beneficiary nominated on an Income account, this will take precedence over a valid binding death benefit nomination, on the Income account.

If the member had a State, or Police account, we are required to automatically pay certain benefits to a spouse or eligible children. These requirements are part of our governing rules, and they take precedence over an otherwise valid binding death benefit nomination.

You can find more information in the *Make a Binding Death Benefit Nomination* form available at [qsuper.qld.gov.au/forms](https://qsuper.qld.gov.au/forms) or call us on **1300 360 750** and we will send you a copy.

### Who will receive the death benefit?

If the member has a binding death benefit nomination in place when they pass away, we will assess payment of their death benefit according to their nomination.

If you are a nominated beneficiary, you will need to fill out the *Death Benefit Application for Nominated Beneficiaries* form. Please call us on **1300 360 750** and we will send you a copy.

Where a member has not made a binding death benefit nomination, or the nomination is invalid, we have a legal responsibility to pay their benefit to the person or people who are entitled to it, and this includes dependants and legal personal representatives (see page 3 for further information).

## Who is an eligible beneficiary?

Superannuation does not automatically form part of a member's estate when they die. Instead, it is paid by the QSuper Board in accordance with a valid nomination, or if no such nomination exists, it can be paid to:

- A spouse
- A child
- A financial dependant
- Someone in an interdependent relationship
- A legal personal representative (LPR).

### Spouse

A spouse includes someone you are legally married to, someone you are in a relationship with that's registered under a law of an Australian state or territory, or someone you are not legally married to but you live with on a genuine domestic basis in a relationship as a couple.

### Child

The definition of a child includes any child of the member – including adult children (aged 18 years or older), a stepchild, adopted child, ex-nuptial child, child of the person's spouse, and a child within the meaning of the *Family Law Act 1975*.

### Financial dependant

A financial dependant is someone who received regular financial support from the member at the time of the member's death.

### Interdependent relationship

An interdependent relationship is defined as a close personal relationship between two people who live together, and one or each of them provides financial and domestic support and personal care for the other.

Someone may also be interdependent if they have a close personal relationship, but do not satisfy the other criteria because they are living apart temporarily, or because they suffer from a physical, intellectual, or psychiatric disability.

Some examples of interdependent relationships are:

- Siblings living together on a long-term or permanent basis
- Adult children residing with their parent on a long term basis
- Parents caring for a disabled adult child
- Close friends living together on a long-term or permanent basis where the relationship is a close personal relationship, but isn't sexual in nature.

Two people do not have an interdependent relationship if one of them provides domestic support and personal care to the other:

- Under an employment contract or a contract for services
- On behalf of another person or organisation such as a government agency, body corporate, or a benevolent or charitable organisation.

If there is more than one person making a claim, a spouse and children under age 18 are likely to take precedence over adult children who were not financially dependent on the member.

If you were in an interdependent relationship with the member, we will ask you to give us documents such as a statutory declaration, to confirm the relationship.

## How can I take my payment?

A death benefit is usually paid as a lump sum. However, from 1 October 2019, you may also be able to open an Income account using superannuation death benefit to be paid an income stream if you are an eligible dependant of the deceased.

An eligible dependant for this purpose includes:

- A spouse
- A child under the age of 18, under 25 and financially dependent, or a disabled child (irrespective of age)
- Someone in an interdependent relationship; or
- A financial dependant.

### Opening an Income account using a Death Benefit

If you are an eligible dependant beneficiary (see the above list) of a superannuation death benefit of \$30,000 or more, you can open an Income account using these monies. For more information on the benefits of an Income account, see our *Income Account Guide* available at [qsuper.qld.gov.au/pds](http://qsuper.qld.gov.au/pds)

To open an Income account using your benefit, you will need to:

#### If you are already a QSuper member:

- Complete the *Open an Income Account* form, at the back of our *QSuper Product Disclosure Statement for Accumulation and Income accounts* (PDS).
- Return this to us, along with a Death Benefit Rollover Statement (DBRS) if you have superannuation death benefit monies from another super fund.

Once we have received your application and all superannuation death benefit amounts, we will open your new Income account and send you a confirmation letter.

#### If you are not already a QSuper member:

- Join QSuper by completing the *Open an Income Account* form, at the back of our *QSuper Product Disclosure Statement for Accumulation and Income accounts* (PDS).
- Return this to us, along with a Death Benefit Rollover Statement (DBRS) if you have superannuation death benefit monies from another super fund.

During this process, you will receive a new member welcome pack, and we will open an interim Accumulation account for you. This interim account will receive all your superannuation death benefit amounts, and will be closed when we transfer all these funds into your new Income account. Once this process is complete, we will send you a confirmation letter with the details of your new Income account.

We can't combine superannuation death benefit monies with your other superannuation. This means if you already have an Income account, you will need to open a separate Income account using the superannuation death benefit. If you receive multiple superannuation death benefits, you can combine these into a single Income account, and you will need to advise us of this on the *Open an Income Account* form.

**Please note:** While the superannuation death benefit monies are in the interim Accumulation account they will be invested in our QSuper Lifetime option, unless you advise us otherwise in writing. As this is a superannuation death benefit, QSuper is unable to deduct premiums for death and total and permanent disability (TPD) insurance cover. If you are eligible for insurance and want to hold this cover, you will need to open, and separately contribute to, an Accumulation account by completing an *Open an Accumulation Account* form at the back of the *QSuper Product Disclosure Statement for Accumulation and Income accounts* (PDS).

## Will there be tax on the benefit?

The tax on death benefits depends on several factors including:

- The age of the person receiving the benefit
- The age of the deceased member
- Whether the person receiving the benefit is a dependant for tax purposes.

Under taxation law, a death benefit dependant includes:

- The deceased's spouse
- A child of the deceased under 18 years old
- A person financially dependent on the deceased
- A person in an interdependency relationship with the deceased.

Please see the table below for further explanation on the tax on super death benefits.

Type of benefit	Age of deceased	Age of beneficiary	Tax treatment - taxed element	Tax treatment - untaxed element
<b>Superannuation lump sum paid to dependant</b>	Any age	Any age	Tax free	Tax free
<b>Superannuation lump sum paid to non-dependant</b>	Any age	Any age	Taxed at a maximum rate of 15% (plus Medicare levy)	Taxed at a maximum rate of 30% (plus Medicare levy)
<b>Superannuation income stream paid to dependant</b>	60 years or older	Any age	Tax free	Taxed at marginal rates with a 10% tax offset
	Any age	60 years or older	Tax free	Taxed at marginal rates with a 10% tax offset
	Under 60 years	Under 60 years	Taxed at marginal rates with a 15% tax offset	Taxed at marginal rates with no tax offset

We will advise you through our claims process on what proportions of your superannuation death benefit are taxed and untaxed. If a lump sum death benefit is sourced wholly or in part from insurance proceeds, it may include an untaxed portion. If it is being paid to a non-dependant, any untaxed elements will be taxed according to the rates in the table above and this will be calculated with the final payment.

We do not deduct tax from lump sum death benefits when they are paid to a legal personal representative (LPR). If you are the (LPR), you will need to deduct tax from any amount paid to non-dependant beneficiaries.

## Police and protective service officers

If a member was a police officer, protective service officer, or member of the defence force, and they died in the line of duty, their death benefit is entirely tax-free even if it is paid to a non-dependant.

## Complaints

If you have a complaint in relation to a Death Benefit claim you can lodge an appeal for review by QSuper, please provide us with your appeal request by:

### Post

QSuper  
PO Box 200  
Brisbane QLD 4001

### In person

70 Eagle Street Brisbane  
63 George Street Brisbane  
Sunshine Coast University Hospital,  
Ground Floor, Main Hospital Building,  
6 Doherty Street, Birtinya

**Phone** 1300 360 370

**Email** [qsuper@qsuper.qld.gov.au](mailto:qsuper@qsuper.qld.gov.au)

If you are not satisfied with the final decision, you may lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers. AFCA imposes time limits within which to lodge a complaint with them. You can contact AFCA by:

**Phone** 1800 931 678 (free call)

**Mail** Australian Financial Complaints Authority Limited  
GPO Box 3  
Melbourne, VIC 3001

**Website** [afca.org.au](http://afca.org.au)

**Email** [info@afca.org.au](mailto:info@afca.org.au)

### We're here to help

If you have any questions about the claim process, please call us on **1300 360 750**, or contact us by email to [qsuper@qsuper.qld.gov.au](mailto:qsuper@qsuper.qld.gov.au)

# Death Benefit Application Checklist

## How to use this checklist

Please use this checklist as a guide to help make sure you fill out the necessary sections of this application form and attach the required additional documents.

Please tick **yes** or **no** for each question and refer to the areas that apply to you before sending in your application.

## Completing the form

### Part A – Beneficiary Information

If you are providing us with information about the deceased member and their potential beneficiaries, please complete sections 1 to 7 of Part A – Beneficiary Information.

Yes  No

### Part B – Claim Declaration

If you are making a claim, you (and all other potential beneficiaries, including all adult children) need to complete sections 1, 2, 3 and 5 of Part B – Claim Declaration.

Yes  No

If you were a dependant (including an adult child) of the deceased but you do not intend to make a claim, please complete sections 1, 2, 4 and 5 of Part B – Claim Declaration.

Yes  No

### Part C – Member's Medical Information

If you are informing us about the member's medical information, complete sections 1 to 5 of Part C – Member's Medical Information.

Yes  No

## Supporting documentation

### If you are applying for a death benefit payment

If you are making a claim, have you attached a certified copy of your identification documents (read the *Proving Your Identity* factsheet for more information)?

Yes  No

If a de facto relationship existed, have you provided evidence of the relationship?

Yes  No

If you were in an interdependent or financially dependent relationship, have you given relevant proof to support your claim?

Yes  No

If you're the legal guardian of a minor child, have you provided proof of guardianship?

Yes  No

Have you attached a certified copy of any other change of name document, such as a deed poll?

Yes  No  N/A

Have you attached a certified copy of adoption documentation?

Yes  No  N/A

If you're not sure what documentation you need to provide, please call the team member looking after your claim directly, on the contact number provided on the letter sent with this guide.



**If you are supplying the member's documentation**

Have you attached a certified copy of the front and back of the full death certificate?

Yes  No

Have you attached a certified copy of the deceased's birth certificate?

Yes  No

Have you attached a certified copy of the deceased's certificate of marriage?

Yes  No  N/A

Have you attached a certified copy of the deceased's will?

Yes  No  N/A

Have you attached a certified copy of grant of probate or letters of administration?

Yes  No  N/A

### **Certifying your documents**

A certified copy is a photocopy of the original document signed by any of the people qualified to witness a statutory declaration. Certified documents need to be returned to us by post or in person and cannot be sent to us by email or fax.

For more information on people who can certify your documents, please read our *Proving Your Identity* factsheet available at [qsuper.qld.gov.au/factsheets](https://qsuper.qld.gov.au/factsheets)

Once your application is complete and you have attached all relevant documents, please return them to us by:

**Post**

**QSuper**  
**PO Box 200**  
**Brisbane QLD 4001**

**In person at one of our Member Centres**

**70 Eagle Street Brisbane**

**63 George Street Brisbane**

**Sunshine Coast University Hospital,**  
**Ground Floor, Main Hospital Building,**  
**6 Doherty Street, Birtinya**

If you do not have any certified documents attached to your application, you can also return your form to us by:

**Email** [MAT@qsuper.qld.gov.au](mailto:MAT@qsuper.qld.gov.au)

**Fax** **1300 242 070**

**Member Centres**

**70 Eagle Street, Brisbane**

**63 George Street, Brisbane**

**Sunshine Coast University Hospital,** Ground Floor,  
 Main Hospital Building, 6 Doherty Street, Birtinya

**Member Service team**

**Phone** 1300 360 750

**Overseas** +61 7 3239 1004

Monday to Thursday 8.30am – 5.00pm (AEST)  
 Friday 9.00am – 5.00pm (AEST)

**Postal address** GPO Box 200, Brisbane QLD 4001

**Email** [qsuper@qsuper.qld.gov.au](mailto:qsuper@qsuper.qld.gov.au)

**Fax** 1300 242 070

**Website** [qsuper.qld.gov.au](https://qsuper.qld.gov.au)

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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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# Death Benefit Application

## Part A – Beneficiary Information

### How to use this form

**Part A – Beneficiary Information** provides us with additional information we may need to know about the deceased member, and their potential beneficiary/s.

Please complete this to the best of your ability and we will request further information if required.

### Important information

If you are not sure if you need to fill out this part of the form, please contact us and we will discuss this with you. You can call your case manager directly on the contact number provided on the letter sent with this guide.

Please see the checklist at the front of the Death Benefit Application form before returning your documentation to us.

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

### 1 Deceased member's details

Client number (if known)

Title

First name

Last name

Residential address

State

Postcode

Date of birth (dd/mm/yyyy)

 /  / 

Date of death (dd/mm/yyyy)

 /  / 

Member's relationship status at the date of their death:

- Married     De facto     Interdependent  
 Widowed     Separated     Divorced

### 2 Spouse

(See page 5 of the attached guide for further information on eligible dependants)

Is the deceased survived by a spouse?

- Yes     No

If **yes**, please complete relevant details below.

Title

First name

Last name

Phone number

Email address

Residential address

State

Postcode

Relationship (e.g. spouse)

Age

Relationship length

Was this person financially dependent on the deceased at the time of death?

- Yes     No

If required, please make copies of the previous page to provide details of an additional surviving spouse.


### 3 Children

(See page 5 of this guide for further information on eligible dependants)

Is the deceased survived by children?

Yes  No

If **yes**, please complete relevant details below.

 This includes children and stepchildren 18 years of age and over.

Title  First name

Last name

Phone number

Email address

Residential address

State  Postcode

Relationship (e.g. child or stepchild)

Age

Relationship length

Was this person financially dependent on the deceased at the time of death?

Yes  No

Title  First name

Last name

Phone number

Email address

Residential address

State  Postcode

Relationship (e.g. child or stepchild)

Age

Relationship length

Was this person financially dependent on the deceased at the time of death?

Yes  No

Title  First name

Last name

Phone number

Email address

Residential address

State  Postcode

Relationship (e.g. child or stepchild)

Age

Relationship length

Was this person financially dependent on the deceased at the time of death?

Yes  No

If required, please make copies of this page to provide details of additional surviving children.

#### 4 Financial dependant

(See page 5 of this guide for further information on eligible dependants)

Other than those listed above, were there any other people who were financially dependent on the deceased when they passed away?

Yes  No

If **yes**, please complete relevant details below.

Title  First name

Last name

Phone number

Email address

Residential address

State  Postcode

Relationship (e.g. child or stepchild)

Age

Relationship length

If required, please make copies of this page to provide details of additional surviving financially dependent people.

#### 5 Interdependent relationships

(See page 5 of this guide for further information on eligible dependants)

Other than those listed above, were there any other people who were in an interdependent relationship with the deceased when they passed away?

Yes  No

If **yes**, please complete relevant details below.

Title  First name

Last name

Phone number

Email address

Residential address

State  Postcode

Relationship (e.g. child or stepchild)

Age

Relationship length

Was this person financially dependent on the deceased at the time of death?

Yes  No

If required, please make copies of this page to provide details of additional interdependent people.

## 6 Did the member have a will?

- Yes  No

If **yes**, please attach a certified copy of the will with this application.

## 7 Has a grant of probate (GOP) or letters of administration (LOA) been made or applied for?

### Grant of probate

- Yes, I've attached a certified copy  
 Yes, I've applied but haven't received it yet  
 No

### Letters of administration

- Yes, I've attached a certified copy  
 Yes, I've applied but haven't received it yet  
 No



We will contact you and let you know if you need to apply for a GOP or LOA. These are only needed in certain circumstances and the application process can be expensive and take a long time.

See page 4 of this guide for further information.

## 8 Declaration

The information I have given on this form is true and correct to the best of my knowledge.

### Full name

### In the capacity of (e.g. spouse, child, executor)

### Signature

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

### Phone number

### Email

### Date signed (dd/mm/yyyy)

 /  / 

### Member Centres

70 Eagle Street, Brisbane

63 George Street, Brisbane

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

### Member Service team

Phone 1300 360 750

Overseas +61 7 3239 1004

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Fax 1300 242 070

Website [qsuper.qld.gov.au](http://qsuper.qld.gov.au)

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# Death Benefit Application

## Part B – Claim Declaration

### How to use this form

All dependants (including all adult children) of the deceased member need to fill out this part of the form. The information you and other potential beneficiaries provide will help us determine who is entitled to claim.

Each person that would like:

- **To be considered** for a death benefit payment, will need to fill out sections 1, 2, 3 and 5 of this form.
- **Not to be considered** for a death benefit payment and was a dependant of the deceased at the time of their death, will need to fill out sections 1, 2, 4 and 5 of this form.

### Important information

We need to let you know that under superannuation legislation, we are required to give details of a proposed death benefit payment to all potential beneficiaries. This means that a person's name and details of their relationship to, or dependency on, the deceased member may be told to other applicants. It may also be given to our legal advisers, and if required, to the Australian Financial Complaints Authority (AFCA).

Please see the checklist at the front of this Death Benefit Application form before returning your documentation to us.

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

### 1 Deceased member's details

Client number (if known)

Title First name

Last name

Residential address

State  Postcode

Date of birth (dd/mm/yyyy)

 /  / 

Date of death (dd/mm/yyyy)

 /  / 

Member's relationship status at the date of their death:

- Married  De facto  Interdependent  
 Widowed  Separated  Divorced

### 2 Your details

Title First name

Last name

Phone number

Email address

Residential address

State  Postcode

Your relationship status with the member at the date of their death:

- Married  De facto  Interdependent  
 Separated  Divorced  Child  
 Financial dependent

If Separated or Divorced, how long had you been so at the date of the member's passing?

If separated, were you still financially dependent on the deceased at the date of their passing?

Yes  No

If **YES** please supply evidence.

### 3 Intention to claim a death benefit (optional)

Please complete this section if you are wanting to claim a death benefit (including adult children). Each person wanting to claim a death benefit will need to complete this form.

(See page 5 of this guide for further information on eligible beneficiaries)

I confirm that **I do** want to be considered in the payment of a death benefit and that all details given on this form are true and correct to the best of my knowledge

Were you financially dependent on the deceased when they passed away?

Yes  No

Were you in an interdependent relationship with the deceased when they passed away?

Yes  No

If you've answered 'yes' to either of the above questions, please provide us with supporting documentation (e.g. proof of paid – medical bills, university fees or child support). Please call your case manager directly on the contact number provided on the letter sent with this guide.

### 4 Intention not to claim a death benefit (optional)

Please complete this section if you were a dependant (including adult children) of the deceased but you do not want to be considered for a death benefit payment. Each person not wanting to claim a death benefit will need to complete this form.

If you fill out this section, it means we will not contact you any further about this claim, including the way we propose to distribute the death benefit (please read page 4 of the guide attached to this form).

I confirm that **I do not** want to be considered in the payment of a death benefit and that all details given on this form are true and correct to the best of my knowledge.

### 5 Declaration

If you are completing this form on behalf of a minor, it must be signed on their behalf by their legal guardian.

Name of legal guardian (if applicable)

Signature

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

Date signed (dd/mm/yyyy)

 /  / 

If a solicitor is acting for you, please send us a letter giving them authority to access and provide information on your behalf.

Please send us a letter including:

- Your full name, date of birth, contact phone number and contact email or address
- Your solicitor's name, practice name, ABN, phone number and email
- The deceased member's name and date of birth
- Wording to effectively let us know you give this solicitor authority to act on your behalf in this matter.

Please send this to us at [MAT@qsuper.qld.gov.au](mailto:MAT@qsuper.qld.gov.au)

#### Member Centres

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63 George Street, Brisbane

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

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Overseas +61 7 3239 1004

Monday to Thursday 8.30am – 5.00pm (AEST)

Friday 9.00am – 5.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001

Email [qsuper@qsuper.qld.gov.au](mailto:qsuper@qsuper.qld.gov.au)

Fax 1300 242 070

Website [qsuper.qld.gov.au](http://qsuper.qld.gov.au)

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# Death Benefit Application

## Part C – Member's Medical Information

### How to use this form

**Part C – Member's Medical Information** provides us with additional information we may need to know about the deceased member's medical information.

Please complete this to the best of your ability and we will request further information if required.

### Important information

Please see the checklist at the front of the Death Benefit Application form before returning your documentation to us.

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

### 1 Doctor/specialist's details

Please give us details of the deceased member's usual doctor or specialist.

Name

Practice

Practice address

State

Postcode

Practice phone number

Please give us details of the doctor/specialist who was treating the member at the time of their death if different from the above.

Name

Practice

Practice address

State

Postcode

Practice phone number

If known, please give us the names and details of any other general practitioners (GP) the member consulted in the past five years.

Name

Practice

Practice address

State

Postcode

Practice phone number

If known, please give us the details of any other specialists the member had previously consulted.

Name

Practice

Practice address

State

Postcode

Practice phone number

If required, please attach additional details of other medical practitioners the member consulted in the past five years on a separate piece of paper.

If known, please give us details of the member's previous employer.

Name of employer

Date employment ended (dd/mm/yyyy)

 /  / 

If a solicitor is acting for you, please send us a letter giving them authority to access and provide information on your behalf.

Please send us a letter including:

- Your full name, date of birth, contact phone number and contact email or address
- Your solicitor's name, practice name, ABN, phone number and email
- The deceased member's name and date of birth
- Wording to effectively let us know you give this solicitor authority to act on your behalf in this matter.

Please send this to us at  
[insuranceclaims@qsuper.qld.gov.au](mailto:insuranceclaims@qsuper.qld.gov.au)

## 2 Authority to access and release medical details

I agree to the following:

### Medical authority

- I give permission for any dentist, hospital, doctor or other person who consulted the member to release to QSuper or its insurer, all information relating to any sickness or injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records.

### Health Insurance Commission authority

- I give permission and ask that the Health Insurance Commission provide to QSuper the member's full Medicare history dating from 1984 until the present time. I acknowledge and understand that the insurer, QSuper will be given the member's complete Medicare history, parts of which may not be relevant to this claim.

### Information authority

- I give permission for any insurer, accountant or institution to release to QSuper or its insurer, all information which QSuper request for the purpose of assessing or investigating my claim.
- I agree that a photocopy (or similar copy) of this authorisation will be as effective and valid as the original.
- I agree to the personal information of the member (including health and sensitive information) being collected, used or disclosed by QSuper or its insurer as explained in this form. I understand this may include collecting it from or giving it to any medical practitioner or third party as required to assess or investigate this claim. This permission applies to any health and sensitive information QSuper collects on this form in relation to this insurance.

Full name

In the capacity of (e.g. spouse, child, executor)

Signature

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

Phone number

Email

Date signed (dd/mm/yyyy)

 /  /

**Member Centres****70 Eagle Street, Brisbane****63 George Street, Brisbane****Sunshine Coast University Hospital**, Ground Floor,  
Main Hospital Building, 6 Doherty Street, Birtinya**Member Service team****Phone** 1300 360 750**Overseas** +61 7 3239 1004

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#### Phone

**1300 360 750** (+617 3239 1004 if overseas)

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#### Email

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